

BR



A JOURNAL FOR NURSES

MARCH 1942

ANAL PRURITUS



"So Little Understood and So Lightly Respected . . ."^{*}

Few symptoms can be more unnerving than the torment of pruritus ani. But through the specific antipruritic influence of Calmitol relief can be given the patient at the first visit. Calmitol stops itching, regardless of cause, and for prolonged periods. Thus, even before the responsible etiologic process is identified, subjective comfort can be achieved by the application of Calmitol Ointment directly onto the involved area.

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Calmitol presents chlor-iodo-camphoric aldehyde, levo-hyoscine oleinate, and menthol, in an alcohol-chloroform-ether vehicle. It controls pruritus by blocking cutaneous receptor organs and nerve endings. It is protective, bacteriostatic, and induces mild active hyperemia aiding in disposal of toxins.

^{*}Hermance, O. W., and Bacon, H. E.: Pruritus Ani, in Piersol, G. M.: *Cyclopedia of Medicine*, Philadelphia, F. A. Davis Company, 1934, vol. 10, p. 1135.

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Circulation over 100,000 registered nurses monthly. Editorial and business offices at Rutherford, N.J. DOROTHY SUTHERLAND, Managing Editor. MONA HULL, R.N., and JEAN DEWITT, Editorial Associates; MARJORIE PEDRETTI, Art Director. Editorial Advisory Board: NAN T. CUMING, R.N., ELIZABETH DYOTT, R.N., FLORENCE E. NEWELL, R.N., ELIZABETH SENNEWALD, R.N. and FRANCES M. TIERNEY, R.N. Advertising representatives: CYRUS COOPER, Eastern Manager and GLADYS HUSS, Eastern Associate, Graybar Building, New York City; J. M. KEENE, Western Manager, 870 Peoples Gas Building, Chicago.

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A JOURNAL  FOR NURSES

Debits AND CREDITS

THANK YOU!

Dear Editor:

Thank you so much for your interest and help in our used-stamp project. May I also take this opportunity of thanking all those R.N. readers who so wonderfully responded to our appeal by sending so many fine collections. We are indeed grateful.

The money raised from the sale of these stamps is used to purchase wool and other materials to be made into garments by our volunteer workers, and subsequently shipped to England—into the hands of our land, sea, and air forces, and the needy civilians.

We have to date sent more than 12,000 new garments overseas. May we count on your continued support to "keep 'em moving"?

Constance Strangman, chairman
British United Services Club
637 South Ardmore
Los Angeles, Calif.

NO "SPECIAL"

Dear Editor:

Have other R.N.'s had experiences similar to this?

Recently, a very dear friend of mine was hospitalized and was quite ill for the first four days. When I visited her she expressed the desire to have me with her, and I felt that I could be of assistance in making her more comfortable. She, by the way, was not financially able to employ a special.

I called her doctor and offered my services for two days or more, if he so desired. He proceeded to give me several reasons why it was not advisable and the main reason was "the hospital discouraged that sort of thing." I have been employed, both as floor nurse and as supervisor until October of this year, and am at present voluntarily unemployed. I also am an R.N. in good standing in this State.

With the hospitals as busy as they are, and with too few nurses, I think this antiquated idea should be revised. And, if I am ever hospitalized, I shall be sure of a

complete understanding with my doctor that I may have the services of an R.N. friend, from whom I may be confident of receiving excellent care.

Grace Tilton, R.N.
Detroit, Mich.

POLISH JOURNAL

Dear Editor:

The stimulating letters found in Debits and Credits continually remind me of the R.N.'s worthwhile efforts to maintain standards as well as of her patriotism.

I'm sure that America will be able to think of her nurses with the same pride that Poland must have felt for girls like Marta Wankowicz. Her story [R.N., January] shows courage, and great love for her fellow men, regardless of nationality or creed. I am eager to read more of her journal in the next issue of R.N.

Lillian G. Laing, R.N.
Churdan, Ia.

Dear Editor:

The experiences of Marta Wankowicz recorded in the January R.N. were especially interesting to me as I, myself, once planned to join the Polish Red Cross group. Unfortunately, circumstances at home prevented my doing so.

The courage, calmness, and sense of responsibility shown by Miss Wankowicz and other nurses under fire are indicative of the best in the nursing profession.

R.N., Pawtucket, R.I.

DISASTER RELIEF

Dear Editor:

It was both reassuring and interesting to read about nurses' activities on our "Front Lines of Defense." [D & C, January.]

I hope that nurses in less vulnerable areas will take a lesson from their San Francisco colleagues and be as ready to volunteer their services for disaster relief, if not for military service. It was rather shocking to attend an important meeting of nurses recently—six weeks after war was declared—and hear nothing from or

OUR PROBLEM IS OUR PROBLEM

We have long recognized that lack of visitor control can be an important factor in transmitting infection to the newborn. If, by publishing in leading magazines messages such as the one below, we can secure better cooperation from the public in observing your regulations, we feel that our efforts will have been well rewarded.



DEDICATED TO THE PHYSICIANS, NURSES AND HOSPITALS OF AMERICA



A baby's life is being endangered!

Into this hospital room, a newborn baby soon will be brought to its mother. By then the visitors will have gone, but they will leave behind danger for the infant. For they are violating hospital rules, and as a result baby's life may be menaced by the transfer of harmful germs from the outside world. Some of these rules are:

Don't sit on a mother's bed, lay clothing on it, or touch the bed clothes. Don't visit a mother if you have a cold or any illness. Don't bring children.

Largely because of such rules, and the advances made in fighting germs, 100,000 babies lived last year who would have died at less than one year of age had they been born 20 years ago.

Remember, the hospital staff it- self observes very strict regulations. For instance, only special nursery nurses may enter the nursery. They wear sterile caps, gowns and masks; and before touching a baby they disinfect their hands. Not even the doc-

tor enters the nursery; he examines the baby in a separate room and wears sterile garments.

And to protect the baby still further against harmful germs, his body is anointed at least once a day with antiseptic oil. This helps prevent impetigo, pustular rashes, diaper rash, excoriated buttocks, chafing and dryness of skin.

Since hospitals do so much, surely friends and relatives should do their share to help keep babies safer.

And, when the baby is taken home, the mother should be as careful as the hospital is to protect him against germs. Don't let visitors, especially children, come needlessly close. Continue to anoint baby's entire body at least once a day with antiseptic oil. And, be sure he is examined by your doctor at least once a month.



Today most hospitals use Mennen Antiseptic Oil on babies. That's because it is antiseptic — helps keep the

skin safer from germs. Mother, continue to give your baby a complete oiling daily with Mennen Antiseptic Oil. Do this until he is at least a year old, and use the oil at every diaper change, too, to help prevent diaper rash, excoriation of buttocks and many other skin irritations and infections.

And when you use a baby powder, remember that it, too, should be antiseptic. Three out of four doctors expressed that opinion in a nationwide survey. So, choose Mennen Antiseptic Powder. Made by an improved special process — hammerizing — it is literally smooth as air. Also, you'll like its new, delicate scent. But, most important of all, Mennen Powder is antiseptic.

Pharmaceutical Division

MENNEN

Newark, N. J. — Toronto, Ont.

about the Red Cross first reserve. When nurses are so badly needed, how can the authorities fail to make recruitment appeals at such opportune times?

R.N., Paterson, N.J.

WIVES' TALES

Dear Editor:

Thought you might be interested in some of my experiences as a nurse in a small factory...

The cans we manufacture are made from large sheets of tin, razor-sharp. Girls and men both work on the metal and frequently get cut in the process. I take care of between twenty and forty cuts a day and have learned to do a pretty neat job of bandaging! We have burns, too, and sprains, contusions, and innumerable foreign bodies in eyes. But it is the cuts that bring the big parade to my department, which consists of a large first aid room and an examining room for the required pre-employment examinations and annual re-examinations.

Many of our people are of South European parentage and have been brought up on wonderful old wives' tales which they actually believe are cure-alls for the sick. Did you know that a salt bag is good for headaches; raw potatoes held by gauze to the throat will draw out all the soreness; beets are good for the blood because they are red, and so is wine! Wine will also make more blood for you, if you need it, say these credulous workers. They are so sure of these things, and I sometimes feel so alone in my opinions, that I almost wonder if they are right and I wrong! However, they are basically fine people, utterly lacking in neurasthenia and hypochondria.

neurasthenia and hypochondria.

The whole secret of being an industrial nurse in a small factory is to make people like you. Everything else in the job hinges on that one factor. It is also necessary to keep from being self-important. When you are the only nurse in a group of factory workers, it is very easy to think the world revolves around you. As this feeling increases, your value to your organization decreases in ratio. To be yourself and practice your profession faithfully but unassumingly is to find true enjoyment in the field of industrial nursing.

Marion MacAdams, R.N.
Chicago, Ill.

UP AND AT 'EM!

Dear Editor:

In "I Believe in America," [R.N., December] Dr. Heiser expresses my sentiments exactly... This is the time of all times for nurses to find themselves and their place in life. Let us no longer be complacent, but let us take the initiative in building up morale and physical, mental, and spiritual stamina in ourselves and in our patients.

R.N., Batavia, N.Y.

CALLING ALL MEN

Dear Editor:

I have been reading R.N. for several months now and can't recall any articles, comments, or letters from male nurses.

What better opportunity can we ask to express our own opinions on the subjects that affect us just as vitally as they affect the women members of our profession?

[Turn the page]

When a Laxative is indicated—

Try **EX-LAX** *The "HAPPY MEDIUM" LAXATIVE*

In cases of simple constipation, some laxatives may prove too strong. Others may be too mild. But there is one laxative which hits a "happy medium." And that's... Ex-Lax! Ex-Lax is thoroughly effective—yet effective in a gentle way. It won't weaken or upset you. It won't make you feel bad afterwards. Ex-Lax is

not too strong, not too mild...it's just right! It tastes good, too—just like a piece of fine chocolate. Thousands of doctors and nurses use Ex-Lax and prescribe it for their patients. When phenolphthalein is indicated, Ex-Lax is a pleasant and effective method of administration. 10c and 25c sizes at all drug stores.



MARCH—R.N.—1942



You bring 'em
...I'll bathe 'em!

If the stork is Number 1 bird in a baby's career, SWAN ought to be Number 2.

This new white floating soap gets full marks on the all-important points of purity and mildness.



You can't buy a purer soap than SWAN. It has no harmful alkalies, no free fatty acids, no coloring matter, no strong perfume.

As for mildness, impartial laboratory tests have proved SWAN as mild as the finest imported castiles.

But SWAN is more than just a soap of unquestioned purity and mildness. As might be expected of the first really new

white floating soap since the Gay Nineties, SWAN is better than old-fashioned floaters —8 ways better:

1. Whiter! Pure and mild as imported castiles.
2. Suds twice as fast—even in hard water.
3. Firmer! Lasts and lasts! Won't warp!
4. Richer, creamier lather.
5. Breaks smoother—easily.
6. Smells fresher, cleaner! Doesn't turn rancid!
7. Feels smoother, finer-textured.
8. More real soap for your money.



We believe you'll find SWAN not only a prime baby-washer, but a perfectly swell soap for your own personal use. Try it, Nurse, won't you?



SWAN **PURE, WHITE** **FLOATING** **SOAP**

MADE BY LEVER BROTHERS COMPANY, CAMBRIDGE, MASS.

Statements and full-length articles in nursing publications will help to consolidate the unity long desired. Through them we shall be better able to convince our associates of the growing solidarity among male nurses.

John Edward Del Grosso, R.N.
Waverley, Mass.

RECIPROCITY AGAIN

Dear Editor:

I have been interested in the comments of your readers, especially in regard to reciprocity. There should be some drastic changes made, don't you think? Certainly, the nursing organizations should realize how backwoods are the differences in State regulations pertaining to the requirements in nursing education...

I had one year's experience as a school nurse in which I learned to recognize communicable diseases, malnutrition, and various diseases of school children. Then for another year I was the only nurse resident in an orphanage. My duties included isolating and observing all newcomers, preventing disease by vaccines, diet, etc., and learning to make a workable report on any ailing child before calling the physician in attendance. Following that I took a four months' post-graduate course in contagious disease nursing which includes other phases of pediatrics. Subsequently, I have spent a good part of seven years nursing children.

The point I am trying to bring home is this: In order to get reciprocity in New York State, I must have a post-graduate course in pediatrics—simply because my hospital made a pact with New York at the time of my graduation. Doesn't this

seem illogical to you? And is there anything that can be done to change such an archaic state of affairs?

R.N., Jamaica, N.Y.

Dear Editor:

Mrs. Blanchard's letter [D & C, October] paralleled my own experience in trying to obtain reciprocity.

I trained in Mississippi and to get my R.N. in this State was compelled to take a six months post-graduate course. This would not have been so bad if I hadn't been expected to work just as hard on duty as nurses who were paid. I spent many hours during those six months scrubbing beds, folding linen, and doing maid's work. It seemed to me to be something of a "racket," saving the hospital the expense of an extra nurse for the six months period. On the other hand, I must admit that the lectures were excellent.

However, I am more convinced than ever that in these days of wide travel national registration is required. If one can nurse an appendectomy in Oregon, why not in Florida?

I'm doing private duty at present. Here, untrained p.n.s get most of the home cases. The townspeople are still demanding twenty-four hour nursing care for \$21 a week and they are getting it. The average person doesn't understand the difference between a registered and a practical nurse. But I have followed practicals on several cases and the family seeing the difference, has engaged me in subsequent illnesses. I guess public education is the answer.

Ida J. Brewer, R.N.
North Quincy, Mass.

WEAK, FALLEN ARCHES

Nurses are especially subject to foot arch trouble—tired, aching feet, callouses, pains, cramps at the ball, rheumatic-like foot and leg pains, etc. Dr. Scholl's Arch Supports and exercise help relieve the stresses and strains causing the pain in foot arch troubles. Gently but firmly, support the arches. Adjustable as condition improves. Can be changed from one pair of shoes to another. Light, RESILIENT, adjustable. Expertly fitted at leading Shoe and Department Stores—\$1.00 to \$10.00 a pair.

Write today for Dr. Scholl's FREE FOOT BOOK—address Dr. Scholl's Inc., Department N, 213 West Schiller St., Chicago, Ill.

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APPLIANCES — REMEDIES — SHOES



I Decided to Make Myself Over

By I—— W——, R.N.*
Chicago, Illinois

FOR A LONG TIME I had felt that my size, weight, and general personal appearance were a handicap in my success as a nurse. I could not help contrasting myself with nurses who were slender, alert, and attractive. Being so much on my feet, the excess weight I was carrying made me very tired and my size made working around a bed difficult.

Last summer I began to hear a good deal about the DuBarry Success Course, a plan for personal improvement which made available to women at home the methods taught by Ann Delafield at the Richard Hudnut Salon, New York. Skeptical, I admit, I decided to try it. From the beginning I found it to be practical and sensible, with a sound scientific background. First, Miss Delafield gave me an individual analysis of my needs, then laid out a balanced program of diet, exercise and the correct use of coordinated cosmetics. (A most generous supply of DuBarry beauty and make-up Preparations was included with the Course.)

In a surprisingly short time I reduced my weight 39 pounds, and completely changed my appearance. My skin, from frequent washing, had become dry and flaky. Now, though cleansed just as often, it is smooth and velvety. I have learned how to use make-up so it looks natural and never obvious and to care for my hair so it is really beautiful. Altogether this Course has changed me from an "ugly duckling" to a rather nice looking person. I have suggested the Course to several other nurses. It would be well for every woman to take it. Everyone who does will surely feel better, look better and be able to work more efficiently.

* * *

There are hundreds of registered nurses among the 40,000 women and girls who have taken this Course since it was founded two years ago. In an increasing number of cases, the Course is also being recommended to patients by nurses and

*Name and address furnished to interested nurses on request.



Mrs. W—— on starting and after completing the DuBarry Success Course. She reduced her weight from 153 to 114 pounds, her bust 6 1/4 inches, waist 9 1/2 inches, abdomen 8 inches, hips 9 3/4 inches and ankle 1 inch.

doctors, with gratifying results. It is a practical, inexpensive plan for weight adjustment and for improvement of skin, hair, figure, and posture, which leads not only to greater personal attractiveness but to elimination of fatigue and the acquisition of poise, confidence and a feeling of well-being.

Send coupon or a postal for full information:

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Dept. S-57, 693 Fifth Ave., New York, N. Y.

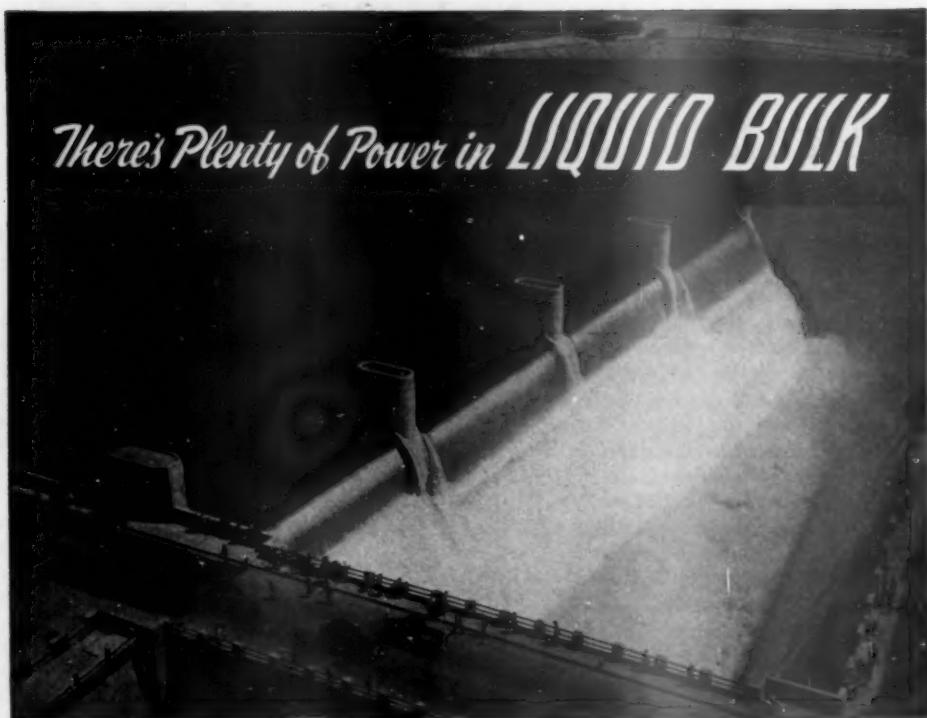
Please send a copy of the book, "Six Weeks From Tonight," telling all about the DuBarry Success Course, directed by Ann Delafield.

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MARCH—R.N.—1942



There's Plenty of Power in LIQUID BULK
...for moving industrial wheels
or INTESTINAL WASTE

Sal Hepatica plus water, taken as suggested, creates temporarily unabsorbable liquid bulk in the costive bowel . . . for gentle stimulation of peristalsis, smooth flushing and lubrication, and improvement of water balance. It's a modern method for prompt and thorough removal of alimentary waste. The promotion of bile flow by Sal Hepatica, and its aid in relief from simple gastric distress, also deserve consideration.

If you've ever taken Sal Hepatica yourself, you know how pleasant and refreshing it is. A request will bring you literature.



SAL HEPATICA supplies Liquid Bulk
to Flush the Intestinal Tract

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GERIATRICS...THE NEW NUTRITION PROBLEM

"The aged patient is prone to overindulge in foods his failing digestive system should not be asked to prepare for assimilation . . ."^{*} and yet "we can, if we will, keep our old better nourished and so more resistant to infections."^{**}

HORLICK'S FORTIFIED

fits perfectly into the dietary of senescence because it provides

Basic nutrition in liquid form

Imposes little or no strain on digestion

Insures a recognized, daily minimum requirement of Vitamins A, B₁, D, G

The flavor of Horlick's offers a special appeal to elderly patients because its frequent use does not tend to cloy or surfeit the palate.

Recommend HORLICK'S

The Complete Malted Milk—Not Just a Malt Flavoring for Milk

*Henry, C. E.: Mo. St. Med., 37:471, Nov. 1940.

**Northington, J. M.: So. Med. & Surg., p. 561, Oct. 1940.

HORLICK'S

MODIFYING NICOTINE INTAKE *NEED REQUIRE NO SACRIFICE OF SMOKING PLEASURE OR ECONOMY*

EVERY physician knows the resistance of patients to any modification of smoking habits. Yet often it is desirable to reduce the intake of nicotine, the substance conceded to be the chief physiologic component of cigarette smoke.

Here it is suggested that the physician advise Camel, the slower-burning cigarette. Medical—research authorities* find, and Camel's scientific tests** indicate, that a slower-burning cigarette produces less

nicotine in the smoke. Comparative tests demonstrate that the smoke of Camel cigarettes contains 28% less nicotine than the average of the 4 other of the largest-selling brands tested—less than in the smoke of any of them.

In adjustments of smoking hygiene, the cooperation of your patients is important. Camel's blend of costlier tobaccos is noted for its mildness, coolness, and better flavor. Besides, Camel cigarettes are popularly priced.

A RECENT ARTICLE by a well-known physician in a national medical journal** presents new and important information on the subject of smoking, together with other data on the significance of the burning rate of cigarettes. There is a comprehensive bibliography. Let us send you a reprint of this article for your own inspection. Write to Camel Cigarettes, Medical Relations Division, 1 Pershing Square, New York City.

*J. A. M. A., 93:1110, Oct. 12, 1929

Bruckner, *Die Biochemie des Tabaks*, 1936

***The Military Surgeon*, Vol. 89, No. 1, p. 7, July, 1941

CAMEL

THE CIGARETTE OF COSTLIER TOBACCO

M E M O F R O M T H E
E D I T O R . . .



• After three months of war, where does nursing stand? Even in so short a time there has been a tremendous shifting of nurses from civilian to military service, from domestic to foreign areas. The cry of nurse-shortage wails from coast to coast, threatening to become sharper as the year wears on. We still think there are more good nurses in this country than are being used. The shortage continues to arise chiefly from poor distribution of our available resources.

★

Current publicity efforts of the Nursing Council on National Defense are being focussed on enrolling some 50,000 students in nursing schools, a gargantuan task made even more so by the fact that the Council is particularly courting college women. Obviously, women with college educations are important to the profession. But so are the high school graduates who, for many years to come, will stiffen the backbone of nursing... Until nursing offers a higher standard of living for the rank and file it will never attract college graduates or undergraduates in sufficient numbers to meet the present need. Meanwhile, all this emphasis on higher education may inadvertently convince hundreds of eligible candidates in our high schools that a career in nursing is far beyond their talents.

★

Visiting one of the recently activated evacuation hospital units last month, we talked with a nurse who apologized that her uncertain future was a little frightening. "Of course I'll carry on," she said.

But she seemed to think that a nurse should be above fear. This, in a time when the whole world is skeptical of what lies ahead! "Certainly you're scared," we told her. "Who wouldn't be—going off into the unknown, for an unknown time, and for unknown experiences. You wouldn't be human otherwise..." Why be ashamed of our natural emotions? Matter of fact, only a woman of real courage would recognize fear and vow to carry on in the face of it... We think every nurse in war service is entitled to her little fears—and a better woman for them.

★

CBS commentator, Edward R. Murrow, last month pointed with scorn to the case of the airline stewardess who told him she wouldn't give up her flying salary to join the Army. (Doesn't sound like any of the airlines nurses we've met.) Too bad Mr. M. had to meet this nurse instead of one of the 13,000 R.N.'s who've recently signed up with the armed forces; too bad his one mention of nursing was derisive and broadcast by the largest radio network in the country.

★

When Annie Thomas of New York's Red Cross nursing service went down to the train to see a group of evacuation hospital nurses on their way, she was haunted by a persistent young man who wanted to know, "Just *where* are they going." Looking carefully innocent, Miss Thomas pointed to the train and recited in her quiet voice, "It says...Bal-ti-more and O-hi-o..." A lesson for those of us who may tend to pass around military information too freely.



Press Association

Application of leg iron in new type cast permits patient to walk almost immediately. (Right) Nurse shows Red Cross volunteer nurses' aide how to care for patient in traction.

QUICK FACTS ABOUT

Fracture

• Basically, the treatment of fractures has not changed for many years. It is interesting to read Hippocrates who used almost the same words and expressions we do today. We still depend upon traction, countertraction, manipulation, and splinting. There are, however, several new devices which are used in treatment. Pins, screws, wires, pegs, bone plates, open operations and many more have been found successful. Increased discussions that are heard today are the result of a sincere desire on the part of the medical profession to improve treatment in order to better the end results which have not always been satisfactory in the past.

One of the causes of unsatisfactory results can be laid at the door of the layman. Seldom is a physician present at the scene of nearly 10,000,000 accidents occurring each year in the United States. First aid care must necessarily be in the hands of an untrained or semi-trained person. This care may be the deciding factor between life or death, partial or permanent disability, and brief or prolonged hospitalization.

Realizing this, the medical associations have offered their services, notably through the American Red Cross, to better acquaint the population with care of the injured. The first step, in 1935, was establishment of wayside stations, with proper equipment for use in accidents by those who had been properly instructed. Today the necessities of war have encouraged thousands to take the standard courses which are offered in every city. But, war or peace, there is a definite need for a more general understanding of first aid procedures.

As in the case of shock, early treatment of fractures is most important. In a desire to help, more harm than good can be done unless there is some knowledge of the structure and healing processes of the body. Therefore, it is the goal of medical agencies to instruct as many civilians as possible in the first aid care of all accidents with considerable emphasis placed on fractures. The nurse is often called upon to take these necessary steps and she is well qualified to know the value of intelligent care.



American Red Cross

The process of healing.—Even today the exact nature of the healing processes is not known. Much depends upon the location and type of fractures as well as damage to surrounding tissue. Infiltration and engorgement of the tissues with lymph, blood, and inflammatory exudate follow these injuries. There is increased swelling during the first 8 to 12 hours. When these liquids enter the tissues they form clots. At the same time granulation tissue appears between the broken ends of the bones unless soft parts lie between. This starts tissue repair followed by deposition of calcium from the body. This resembles a spongy mass (callus) which, as healing progresses, is eventually replaced by hard bone. The new, hard bone continues to harden until macroscopically and microscopically it appears normal at the end of about a year.

When a fracture is not reduced at the earliest possible moment, swelling and formation of clots make it a much more difficult problem. Early reduction is an aid to nature so that she may

more readily and quickly undertake the healing mechanism. Delay encourages complications such as non-union. When movement is allowed it may lead to further displacement, movement of fragments, or further laceration of tissue with even danger of penetration of the skin, arteries, or nerves by bone ends.

Shock or the danger of shock must be attended [see R.N.—January]. Shock is always present in some degree at every accident.

"Splint 'em where they lie."—This is an old saying which, if followed, will do much toward avoiding future difficulties. There are all kinds of splints, but in an emergency they are seldom available. Because they all differ in some respect the specific ones should be studied separately.

Any board, well padded, and extended above and below the point of fracture will answer the question of what to use. Rigidity of the part can be accomplished by any number of common things at hand. A broom, heavy cardboard, newspapers, a pillow, or simply tying the legs together or the

arm to the body, will immobilize the part during transportation. A sling may be made for the arm from any available material, and for fracture of the humerus the injured arm should be bandaged tightly to the body.

In skull fracture there is no splinting but the patient should be placed flat with head lowered to combat shock and prevent descent of blood from the mouth and nose into the lungs. It may be necessary to hold the tongue forward to prevent obstruction of respiration.

If there is some question of fracture being present it is far better to treat it as a fracture than to assume otherwise. When the physician arrives or the patient reaches the hospital no harm has been done if a fracture is not present. Transporting without some kind of splint is not only dangerous but cruel.

Traction requires some training but can be done with the use of a cinch knot and nail driven solidly into the splint below the foot.

An improvised splint, once applied, should never be disturbed until a more satisfactory appliance can be found to replace it and reduction completed. Effort is made in the final splinting to preserve circulation, muscle tone, and joint functions. The routine use of X-ray for diagnosis is now followed. Most physicians also insist upon a complete physical examination to be sure that other damage has not been sustained.

Compound fractures.—These are real emergencies, often complicated by more severe shock and hemorrhage. In these cases the wound should be covered with a sterile dressing, splints applied, and then transportation to a hospital effected as soon as possible. The usual treatment of these cases, on arrival, consists of scrupulous cleansing of the parts and removal of any foreign bodies. Debridement, repair of nerves and tendons, and control of hemorrhage follow. Wires, plates, etc., are

[Continued on page 16]

Ask Mistor



BY HILDA TORROP, R.N.

Q. I've been asked to speak on private practice at a dinner to be given to the members of our hospital board. Many of the nurses in the audience will dress formally. Should I? What kind of flowers should I wear?

A. Better wear a simple dinner dress. Décolleté is not called for, but most audiences like their guests of honor dress up for them! This year, with color running rampant, don't forget black is still good—and economical. As for flowers, if the selection is up to you, choose something simple—a single camellia, two large white gardenias. They look healthy and are smartest against their own shiny leaves, so persuade your florist to omit the tin foil and silver ribbon.

Q. I must present a representative of the League of Nursing Education at our coming Institute. How much should I say?

A. Too little is better than too much. Few words about her work with the League; why she has been invited, and her name and position with the League pronounced at the close of your introduction. It is a good idea to use her name a second time during your introduction, a help to people who do not always catch a name when given once. It should

"Torrop"

sy for you to look and sound sincerely
ased at the effort this busy person has
de to attend the Institute. Be your
ual friendly self.

Three of us who are Army nurses
want to know the etiquette of using
Officers' Club on the Post. We have
it schedules with two free hours every
afternoon. There's not much we can do
to relax in that time, and we thought the
one room at the Club would be a nice
change for us. Some of the girls on the
off, though, feel we should not go there
without escorts—which, of course, is im-
possible in the afternoon. What do you
think?

Army friends tell me there's no rea-
son why you shouldn't use the Club
facilities any time of day when you're
dressed. Go in a group on your p.m.'s; have
an escort after dark.

The trustees of our local V.N.A.
have invited me to sit on the board.
I'm very pleased, of course, but wonder
whether I should accept. They are all
healthy women who donate hundreds of
dollars each year—which is way beyond
my means. What would you advise?

Say "yes." Every such group is
made up of a variety of people.
Some contribute money to finance the pro-
gram; others create the ideas that make
the program. Who better than a nurse
to serve on a V.N.A. board? You'll
be a big asset!

Our local women's club has asked
me to join. I'd like to, but the dues
are rather high. Added to my registration
fees and A.N.A. dues, they'd raise my

budget on membership items higher than
it's ever been before. Do you think I
should join anyway?

A. I'm all for the idea of taking part
in community activities. Women's orga-
nizations ought to get to know nurses
better and this is certainly one way of
making that possible. If the club is an
active one, with a program that you think
may give you a fresh point of view too,
try to snip a few dollars off some other
item in your budget. I think it would be
worth it!

Q. For the last three summers, I've
been going to summer school. Next
year I have a chance to accompany an old
patient on a pleasure trip to Mexico.
Shall I accept this chance for a much
needed vacation? Or do you think I'd be
foolish to interrupt my work toward a
degree?

A. By all means go! I think you've
earned a rest. You can pick up your
college the following year, which shouldn't
be too much of a set-back. Makes me feel
like a new woman just to think what fun
you'll have.

Q. Friends tell me I am foolish to col-
lect china and silver because I do
private duty and am seldom in my room.
They are waiting until they retire or get
married. What do you think?

A. I think it is part of a woman's nat-
ural inheritance to love gleaming
silver, delicate china and snowy linen,
and that we greatly need the daily "lift"
that loved possessions can give us even
if used infrequently. Realization is more
satisfying to most of us than anticipation
and the old English sun-dial reminds us
that "it is later than you think."

"Ask Miss Torrop"

then used as needed and the wound is usually closed. Fixed bone traction with specialized apparatus is current practice in war surgery. Sulfanilamide or one of the sulfa group drugs is now used routinely both orally and locally in order to combat any infecting organisms which may have entered the open wound [see R.N.—Wound Healing and Infections, September 1941].

There are two schools of thought in the care of compound fractures. One is the frequent irrigation of the open wound which necessitates an open splint. The other requires packing of the wound, applying a closed form of splint, and changing the dressing at infrequent intervals. Both types of treatment have shown good results and more reports are being received daily as they are used in the present conflict.

Immobilization in these cases is doubly important because the tissues can take care of a certain amount of infection. Plaster of Paris is applied directly to the skin over the dressings.

In some cases roentgen therapy, in small doses, is used immediately following treatment and a few days afterwards. It is felt by some that it may aid in an effect upon gas infection formation. Morphine, tetanus antitoxin, and gas bacillus antitoxin, when indicated, should be administered as soon as possible.

All fractures do not respond to even the most careful first aid and subsequent care. Some need surgical intervention to prevent loss of tendons, osteomyelitis, nerve dysfunction and loss of limb or life. This is but one more reason for proper

initial care and immediate transportation to some place where the more difficult and specific treatments can be instituted.

Medical care.—After preliminary care an effort is made to help the natural body processes in complete healing. Calcium gluconate powder, dissolved in hot water before meals, has been recommended. This is used when the fractures show a fairly good bone texture. Milk, for its calcium content, is given in the amount of one quart a day. Some authorities withhold phosphorus containing foods for the first few weeks (liver, fish, eggs, cheese, cereals, green vegetables). Calcium glu-



Wide World

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conate may be given intravenously daily if the blood calcium determination is below 10 mg. per 100 c.c. or if the bone texture is poor.

There is some difference of opinion about the use of parathyroid extract. Some believe that it will speed up calcification and prevent osteoporosis of disuse while others feel that it may tend to cause bone decalcification. The latter seems the more logical assumption.

Vitamin D foods are considered important. As minerals are not absorbed from alkaline solutions, it may help to give dilute hydrochloric acid before meals. The urine may be tested with litmus paper to maintain acidity. This

medication cannot be continued if gastic distress follows.

Thyroid extract seems to be of some aid in cases of non-union. Hyperthyroid patients are sometimes given small doses of Lugol's solution in milk with the meal. Blood chemistry determinations are frequently used in fracture cases. Elevated blood calcium and phosphatase, and lowered phosphorus, may suggest hyperparathyroidism as the cause of a pathologic fracture.

Simple, well-regulated diets are understandably important during convalescence as the body must receive necessary essentials in order to carry on the repair processes.

Physiotherapy.—The ancients erected temples to Aesculapius over the site of a natural spring. In them they placed equipment similar to our hydrotherapy of today. In Rome, cold water treatments were used and Galen advocated baths and cold affusions to the head while the body was immersed in hot water. There is nothing new about the use of either heat or cold in the treatment of body states. Today we have devised more complete and scientific means which have greater intensity of action and a power of deeper penetration. They have both benefits and dangers.

In the care of fractures, short wave diathermy is believed by some authorities to raise the temperature of the local bone marrow and to increase circulation of the bone and muscle surrounding it. The theory has been advanced that the pH of the tissue fluids in the

[Continued on page 50]



Acme

ENORMANDIE DISASTER

- First major catastrophe to summon New York City's medical field units was the tragic burning on February 9th of the U.S.S. Lafayette, the former French liner, Normandie. Simultaneously with fire-fighters and the Red Cross, squads of nurses and doctors from six city hospitals arrived at the pier. Commenting on the efficiency of the disaster units, Dr. Edward Bernecker, chief of emergency medical service, said: "We had too many squads there. Next time we'll call them one by one, as needed. But it was a good dress rehearsal and we learned a lot."



Take time

TO EAT WELL

BY CAROLYN VALENTINE, B.S.

• Today, a nurse's efficiency is more than ever at a premium. The fuel, or food, with which you restore the energy so generously and patriotically expended, must conform to the fundamental principles of balanced diet. Don't think that proper eating is a waste of time. Your place is too important in the scheme of things to neglect the simple rules of nutrition which will go far toward keeping you in the desired efficient health state.

Need for calories—as you probably remember from your dietetics course—depends upon a person's size, activity, and metabolism. When you are called upon for increased duties, your body demands help. To curtail meals, to eat them hastily, or to substitute a catch-as-catch-can snack, is not playing fair with the job at hand. The few minutes required to eat the right foods take no longer than to eat the wrong, and are a definite contribution to the efficiency you want. Calories are not enough, however. They cannot guarantee good health in themselves, although well-being is not possible without enough calories. A paradox? No, it works this way:

Proteins are but one type of calorie, but they help to produce blood, aid digestion, build muscles and body organs, and generally promote better health. Worn-out tissues, which increase with added activity, must be replaced by proteins. The animal proteins—meat,

milk, fish, and eggs—are known as "high-grade." (How many of you pass up milk and eggs on your hospital menu?) Cereals, legumes, and vegetables fall into the vegetable-protein group. Both are important and do not replace each other. A combination of the two makes an excellent dish. For breakfast nourishment, try a whole grain cereal (either raw or cooked) plus whole milk and sugar. Add fruit if you wish. Corroborating the need for protein, Dr. Henry Sherman says, "Half of the needed food calories should be taken in fruit, vegetables, and milk in some form or forms." He recommends that at least half of the breads and cereals consumed be in "whole grain" types.

Carbohydrates are our chief source of energy, *but* the average diet is far too high in this food. The ability of the body to store carbohydrates is limited, although the liver serves as a reservoir to maintain normal blood sugar levels. Glycogen is used for muscle tissue. Yet, when reducing diets are unreasonably low in carbohydrates, the liver may suffer irreparable damage. Some amount of ingested sugar is changed into fat and stored. During the oxidation of glucose it acts as a catalyst for combustion of fats. Fatty acids may degrade into products causing acidosis without the aid of sugar. But, for every individual there is a happy, sensible medium for carbohydrate ingestion.

Fats, with a reasonable amount of storage, are also necessary to meet the emergencies of life. They have a protective and heat-insulating property that is required for full vigor and health. When the fat content of the diet is too greatly reduced there is danger of fat-soluble vitamin deficiencies. It has been suggested that fats, plus starches, should be no more than twenty per cent of the total diet.

Previous articles in R.N. have discussed vitamins in some detail. You know that when a person is run-down he needs more of these factors than when in good condition. Nurses, living at high peak, might well make a careful check of the vitamin content of commonly advertised foods and see to it that some of those with the highest vitamin values are included in the daily diet. Quick snacks of white, unfortified bread sandwiches and coffee are *not* in the list of high vitamin foods. A highly nourishing alternate might be a dish of canned tomatoes with a slice of whole wheat or enriched bread. It will not take much longer and the effect on your body will be far better. If you must eat sandwiches, try to use the fortified breads and a good filling. Chopped vegetables and cream cheese are tasty; so is just cheese alone. Peanut butter is also rich in nutritive value, and try to find a piece of lettuce or other green to add to it. Acquire the habit of drinking a glass of milk instead of coffee with every

meal. There is no reason why you should not drink coffee, but remember there are other beverages, too. If, on some days it is impractical to make as balanced a selection of food as is recommended, one can even up the next day. Daily ups and downs need not cause undue anxiety.

Do not stint yourself on recommended amounts of any of the vitamins so essential in preserving good health. A recent announcement states that our supply of vitamin A concentrates is low. Some action to decrease this vitamin content in multiple capsules and tablets is contemplated. It would be well to consider the high vitamin A foods—just in case!



Lack of the morale vitamin, B₁, in present day diets is more usual than you think. Manufacturing processes, heat, and over-cooking will decrease content. Even if you live in a hospital, you might suggest that the kitchen staff be chary of throwing away the water in which vegetables have been cooked. The old fashioned "pot-liquors" make excellent gravies, soups, and sauces. Add to this base salt, pepper, a dash of lemon juice, and a spot of tomato juice. When chilled, you have a tasty health cocktail. The most famous beauty salon in the country serves this beverage to "tone up" patrons. Use it before meals,



or between meals when you are thirsty. And don't add soda to vegetables to retain color. It is a sure way to vitamin B₁ destruction.

Also in the cooking water from your vegetables is vitamin C. Save it. If you must extract orange juice ahead of time, keep it cold, and eat an orange, apple, or pear for that hunger between meals!

If, of necessity, your diet is curtailed at this time it might be well to ask your physician about his recommendations for a vitamin D concentrate. Some of the vague aches and pains may be associated with a natural desire of your body for increased amounts of vitamin D. You may be kept indoors for additional hours with little chance of exposure to sunlight. The number of foods containing this vitamin are limited. Some fortified foods are on the market, but in the winter or while working under stress it might be well to avail yourself of the capsules or irradiated products. Cod liver oil is now very scarce, but American ingenuity has found other sources.

In order to keep digestion functioning the minerals must not be overlooked. Calcium, iron, and iodine are the ones often lacking. Milk and dairy products are the chief and easiest available sources of calcium. The dietary standards of 1 gram of calcium per day is almost accounted for in four glasses of milk. Other sources where calcium

can be well utilized by the body are lettuce, kale, cabbage, and loose-leaf lettuce.

Iron does a better job of blood building when protein, calcium, and vitamins are present. Estimates of the amounts of iron contained in many American family food supplies show that the dietary contains a much better surplus of iron than of calcium, yet not so great a surplus as to justify leaving the supply of iron entirely to chance. Egg yolk, dried beans, lean beef, and oatmeal—all frequently found on hospital menus—are excellent sources of iron.

Iodine, in regions where it is lacking, can be secured with iodized salt or sea foods if they are procurable.

There is little chance that you will develop scurvy, pellagra, or xerophthalmia. But anorexia, loss of weight, weakness, lassitude, easy fatigability, insomnia, nervousness, irritability, headache, palpitation, precordial distress, vague gastrointestinal symptoms are just a few indications that may be danger signals. You may not feel well, but be unable to state the exact reasons. It is possible, then, that you are experiencing early avitaminosis or the thing we hear called "hidden hunger."

Recognizing early deficiencies and instituting immediate therapy (including a diet revision) is indicated. The solution of [Continued on page 58]



How TO SPARE YOUR CAR

BY IBBIE BRYAN

• Just how much do you know about that automobile of yours? Its insides, I mean. Do you understand what is required to keep the old buggy puddle-jumping, or are you another one of those step-on-the-starter-and-head-it-through-traffic owners?

Any mechanic will tell you that the life of your car depends on the personal attention it receives. It's all very well to take it to him for occasional checkups, but you'll have to be responsible for keeping its case history and giving it its vitamins—their automotive equivalent, that is.

They say the average life span of the average car is eight years, but with WPB clamping the lid down, your present car may have to last you a lot longer. Henceforth and hereafter, give it more pampering than the snootiest patient in the private pavilion.

Start with the battery. Have it checked once a month in cold weather, but when the mercury starts pushing a hundred, make it twice. The reason for this is simple. High temperatures make the water evaporate more rapidly, especially in the later models, in which the battery has been moved from its old spot under the seat to one under the hood.

Then, consider the oil. How often do you have that changed? You may think that as long as the oil pressure stays up, there's nothing to worry about. But that is a fallacy. Oil wears out, generally after about a thousand miles of duty. That's when you're doing every-



day driving. On long trips, at high speeds, it will lose its zing more quickly. So have it changed accordingly—*whether you think it needs it or not!*

You may not know it, but there is most likely an oil filter on your chariot, placed there for the purpose of trapping as many contaminants as possible. Of course, it cannot provide one hundred per cent protection against dirt and dust, but it will do a much better job if you have the old clogged-up filter cartridge replaced by a clean one at regular intervals.

If you're really out to see that the old bus lasts for the duration, you'll learn to reel off SAE's (oil weights) as glibly as you do sulfanilamides. Cars are temperamental about their oil; they don't use the same weight the year round. When Spring makes you long for the wide open spaces, have your service man change you over to medium weight oil. By the time it's 90° in the shade, get his advice on whether or not your car needs heavy oil for Summer. Experts disagree sometimes on the principle of light and heavy oil for Winter and Summer, medium weight for the in-between seasons, some insisting that—on the newer cars, at least—a moderately light weight oil (No. 20) gives the most satisfactory year-round service. Let your dealer advise you on the basis of what he knows of your car's personal performance. Use of the correct oil may add thousands of miles to the life of your piston rings.

Garage men say that women are most negligent [*Continued on page 40*]

PRINT IN BINDING

For

HOME DEFENSE

BY JEAN DE WITT

• Typical answer to the Red Cross appeal for 15,000 R.N.'s to teach at least 500,000 American women home nursing is that of Helen Romaine, R.N. of Paterson, N.J. Appointed chairman of the Committee on Red Cross Home Nursing in November, her bailiwick includes Paterson and twenty-one neighboring municipalities. Paterson itself is a mill town, with a highly concentrated population of factory workers; the outlying villages are rural.

According to Mrs. Romaine, whose job it is to organize and supervise all courses in her territory, the problem of securing professional medical and nursing care in times of emergency would be equally acute in both the thickly populated urban areas and in the uncrowded but inaccessible rural communities. This fact points up the significance of the Red Cross objective—that of enrolling housewives from town and country throughout the length and breadth of the land, and teaching them the relatively simple techniques of home nursing.

"The burden, of course, falls on the shoulders of our nurses who must volunteer time and energy to teach the courses," says Mrs. Romaine. "But it is a load my thirty-five instructors carry proudly—especially those whose personal responsibilities prevent other patriotic services."

Last month R.N. visited one of the Paterson home nursing courses sponsored by Helen Romaine, took pictures to show the minimum of space and equipment necessary to simulate conditions in the average home. From a class of sixteen, eleven students were present, the majority wives of industrial workers. Simultaneously, all over the United States, women from cities, suburbs, and "whistle stop" junctions were eagerly learning home-nursing procedures. Available solely through the cooperation of registered nurses, the Red Cross home nursing program needs volunteer instructors. Only thus can home-health defenses be maintained.

Committee Chairman Romaine visits to headquarters and hinterland classes are facilitated by door-to-door transportation provided by Red Cross Motor Corps.



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In her role of sponsor, she introduces instructor Margaret Germond who later demonstrates procedures to eager volunteers. Asserting privilege of R.N. to modify book instructions, Mrs. Germond elevates bed patient (above right) by up-ended suitcase. At this angle bed-rest offers greater comfort. Chair, box, or other similar object may substitute for suitcase.



A Mrs. Van Winkle receives a bed bath from a Mrs. Doheny (above). And, as the two-hour session draws to a close, the whole group learns the functions of a light cradle and how they may be home-made from a barrel hoop or other curved appliance.

R.N. photos by Morgan Fitz

War

IS LIKE THIS*

BY MARTA WANKOWICZ

PART 3.

• Twelve new patients were transferred to Ward II, my ward. Preceding the orderlies who carried the stretchers, Nurse Orlecka from Ward I, Nurse Orlecka, the notorious, entered. She was famous for her tale-carrying, her ridiculous economy in the supply room. She had scarcely entered when the whole ward was whispering with bitter allusions; taunts and gibes fell as thickly as fruit from an apple-tree shaken in autumn. She swam majestically in my direction.

"Why doesn't the nurse say good morning to me?" a voice cold and reprimanding cracked in my direction.

"I beg your pardon. Good morning, sister."

"You don't seem to realize who I am, you should say 'Good morning, head nurse!'"

"Good morning, head nurse." I put forth all my good will.

For a moment something unpleasant was being murmured over me. Then she was gone.

"What did she want?" I asked our own head nurse a few minutes later.

"She came to warn us that among the new patients is a tough one, vulgar, and a thief. He is in your section. For heaven's sake take care of yourself, sister. His name is Wydra."

Our head nurse was the personification of mildness, sweetness, and timidity. She looked at me now with her good, clear, old maid eyes, embarrassed to imagine that there did exist in the world really bad men.

"It will be all right," I smiled.

Among the newcomers I found the

celebrated "tough one." Under the blue hospital shirt the puny contours of a man of the town, worn away by years of continual sickness, were revealed. A great bulging forehead surmounted a little gray face, shaped like an apple. It was an unpleasant face, but there was something interesting and attractive there. Maybe it was the smile, a wide, plain enough smile, a bit repulsive, but clear and elusive as if he hid an unexpected shyness.

"Your profession?" I asked the routine question.

"Thief by profession, sister."

I tried not to show my astonishment but had to laugh.

"Well! And where did you last practice?"

"At Lublin, at Warsaw . . . wherever I could, sister."

"Your last residence?"

"The pen, sister."

"Oh!" I was really interested. "How long?"

"Two years. Innocently condemned for two years, little sister," laughed Wydra. "When the war broke out we all received amnesty and went to fight. I stole my uniform and rifle from a stiff. May God repay him for that. It was the first time I ever robbed someone who didn't mind, didn't yell, run for a cop, and probably thanked me that a part of him would still go on fighting. Now that my lungs are all shot up, I've come to bother you."

I looked at Wydra with growing understanding. I decided he was all right.

*Translated by Elizabeth T. Considine.

Something that was good flashed from his disagreeable eyes and from one minute to the next I liked him more and felt that I could depend on him.

Wydra looked at me attentively. "Something tells me that we'll get along all right, sister. When I don't like someone it's tough for him. I made life hell for Orlecka, but it looks as if I'd have to behave myself in your ward."

And for two weeks Wydra was the smile, the gaiety, the comradery, the generosity, and the vitality of Ward II.

Then, one fine night when he was feeling better he skipped, without a word to anyone. The previous night he had expressed his sympathy about some money that had been stolen from me. Wydra's sympathy was, as usual, in a rather original form.

"What a pity that I didn't rob you, Sister Marta. Really too bad. I'd have given you half, word of honor, as I esteem you!"

The next day he was gone, leaving



"Together they would criticize it—the shoulders were badly cut, the collar horrible!"

no traces, and never to return. Feld-
vebel Sixt was enormously upset by the
affair and German soldiers were sent
continually through the wards, searching
for Wydra. I was astonished that
there was still the red tape of former
days, the report of the missing man,
and the alarm raised. So many new
matters had come up that our very con-
sciences seemed to have shifted. So
much so that one missing patient seemed
unimportant. As a sole echo of the old
order, from before September, there
hung on the walls the white placards
with large Polish letters painted in red:

BEWARE OF SPIES! GUARD MILITARY
SECRETS!

The boots of the German orderlies
rang each day on the stone floor, as
they passed them by, carrying the
stretchers of Polish wounded. . . Polish
dead.

*

It was the eleventh of October. We
had just received new wounded from
the over-crowded hospital at Leczna.
We had always more wounded than
beds despite the wards we gained after
the Russians' departure.

By an extraordinary combination of

Army nurse

*Lightweight glove
and lambskin-lined
mitten.*



• Clothing specialists of the U.S. Quartermaster's Corps have lately turned agile minds and fingers to what the well-dressed Army nurse will wear. To supplement the blue field uniform issued last Summer, will be the fashion-right white duty uniform and the similarly styled blue off-duty dress described last month in R.N.'s "Fashion Forecast." At that time sketches illustrating the new style-features were not available. It now appears that the free issue of six uniforms to each nurse will be as in the drawing here, with the possible exception of minor changes in collars and cuffs.

Where snows squeak coldly underfoot, Army Nurse Corps members may soon wear full-length, belted parkas of hydrovised poplin, lined with an alpaca pile fabric. The parka, an adaptation of the men's garment, is wind resistant and water repellent. It reaches two inches below the skirt and is belted. Two muff and two side-bellow pockets add smartness and utility.

Alternate garb designed for Arctic zones is a fur-lined, water-repellent mackinaw. Pat accessories are a fur cap, reminiscent of the timberline, and huge muskrat mittens. The latter are beautifully designed but less practical than the most recently issued lambskin-

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circumstances I had managed to get a precious hay mattress for the room which Cadet Zdzislav and three soldiers already occupied. I went to find one in this mass of new wounded to whom I would give this mattress, the one who needed it most.

"Slupecki! Come, help me, please!" I called to the orderly. "You know things here better than I do. Send one patient to *Separatka* No. 4. I have a hay bed free."

A few minutes later Slupecki rolled in a cart.

"Look, little sister, what a handsome

one I brought you!" he laughed. "I chose him especially. Just for you!"

"Yes, sister. Look at me and you'll see I'm worthy of a bed," came from the cart a voice so masculine that I wondered how old this boy might be.

As I took down his registration information I found out. He was Zbigniew Kruszewski, a volunteer just sixteen years old. He had a tousled topping, unbelievably bright; gray, almond shaped eyes and the profile of a young, strong, not fully-feathered bird of prey. My mother would have said 'well-fed.' He had been well fed, I later

lined mittens [R.N., February] which may replace them.

Probably, both cold-weather outfits will be tried out by Army nurses in Iceland and the most satisfactory made the permanent issue.

With the accent still on hands, Army designers have announced a new gray leather glove to replace its gray suede predecessor for dress wear. The glove will be made of South African capeskin or an imported cabretta skin, lighter in weight yet warmer than suede. The pique stitching on the earlier model has given way to gauge-sewn outseams, lending a more military appearance. Made of a very thin piece of tough and warm leather, the glove will retain its shape when rolled up in a ball and jammed in a pocket for an indefinite period. It can be washed, or dry cleaned, and the color will not fade out with a normal amount of cleaning and washing.

The new designs, whether of uniforms or their accessories, are attractive as well as functional. Compared to the long, full-skirted, and wide-hipped military garb of 1917, they are a couturier's dream.

Army nurses assigned to Iceland last Fall may be excused a trace of wistfulness that the snug, cold-weather gar-

ments are just being allotted. And those en route for sultry climes may well hope that the able Quartermaster's Corps will be prompt in issuing tropical whites to them!



(Left) Details of new Army uniform.



Wide World



(Right) Mackinaw and fur accessories.

found out, at Warsaw. His mother had stayed on during the siege. Was she there still? "Zbyszek" tried not to think about that.

A burst of shrapnel had got him in both feet. It was nothing very serious, but painfully irritating. They had had to amputate his little toe.

When I reentered the *separatka* where I had established Zbyszek as the fifth, he lifted himself up excitedly. "Sister! Where is my German coat?"

"All your things are here," I showed him the closet. "What German coat?"

"The coat I captured! I, myself, killed the German it belonged to. He was the first German I killed, and I took his coat."

For Zbyszek the war was a great adventure, one like boys read in tales of Redskins. First, he was lucky enough to be accepted as a volunteer. Many of his friends had not been so successful. Then he had survived five weeks of harrowing adventure in battle. He did not yet know of the tragic disarmament all around the unit he had fought with. Finally, he had received the bed

next to Marlene Dietrich's brother when he reached the field hospital.

"Isn't that wonderful, sister?" Zbyszek looked at me all aglow, "I saw honest-to-goodness letters from Marlene. It was so lucky, so wonderful."

Every day he had me take his German coat out of the closet and he would piously contemplate his booty. Whenever one of our soldiers came into the *separatka*, Zbyszek would ask him to try on the coat. Then, together, they would criticize it, always in the same way—the waistline was too low, the shoulders badly cut, and the material of the cheapest. It could not be compared with our uniforms.

Then one day a German soldier came through the wards looking for an army coat. He finally came to Zbyszek's door. The boy looked at me imploringly.

"What must I tell him, sister?"

"Whatever you want," I answered, praying he would be reasonable.

"Well, I'll tell him the truth. You might get into trouble otherwise."

Zbyszek whistled toward the German head stuck [Continued on page 46]

PROBIE



"601 recuperates too fast."

Testosterone

BY ALLEN KLEIN, PHAR.D.

• Man has used odd and bizarre methods of maintaining and strengthening his virility. In Brittany male children were passed through a hole in a rock to assure good reproductive qualities in later life. Germans once wore the dried mane of horses to acquire greater potency. Numerous foods, such as mushrooms, mistletoe, celery, and caviar were supposed to possess aphrodisiacal properties. The closest approach to modern endocrinology consisted of the eating of the testes of various animals—the bull, deer, bear, and others. Testicle pills, made of bull's testes, were popular until fairly recently.

In 1849, a man named Berthold transplanted the testicles of a capon to another part of the bird and found that it retained its sexual prowess. But it was not until 1931 that a crystalline form of the male hormone was achieved from human urine. This chemical, androsterone, although effective, required huge dosage. Four years later, the true testicular hormone was isolated from the testis itself. Testosterone is today produced synthetically from cholesterol. Its masculinizing activity far surpasses that of androsterone, being six to eight times as potent. Testosterone propionate (up to the present considered to be the chemical's most active salt) has created quite a stir in medical circles. Millions of doses of the drug have been used in the treatment of the so-called male climacteric, hypogonadism, impotence, sterility, prostatism, eunuchoidism, cryptorchidism, and other conditions where there is underdevelopment of secondary male characteris-

tics or diminished male sex hormone secretions. Oddly enough, testosterone has proven decidedly satisfactory in several disturbances in the female—functional uterine bleeding, dysmenor-

INDICATIONS AND SUGGESTED DOSAGE

Group (Male)	Testos- terone	Frequency
Hypogonadism	5 to 25 mg.	Three or more times weekly.
Eunuchoidism		
Eunuchism		
Cryptorchidism	5 to 25 mg.	One to three times weekly.
When surgery is necessary	10 to 25 mg.	For several weeks before operation.
Post-operative	10 to 15 mg.	Weekly.
Sterility	5 to 10 mg.	Twice weekly for several weeks.
Gynecomastia	10 to 25 mg.	Twice weekly.
Impotence due to androgenic deficiency	5 to 25 mg.	One to three times weekly.
Impotence of psychic origin	5 to 25 mg.	Daily or on alternate days for short period.
Prostatism mild or inoperable	5 to 25 mg.	Two to three times weekly.
Male Climacteric	5 to 10 mg.	One to three times weekly, sometimes more.
Premature sterility		

rhea, menorrhagia, mastitis, etc.; also to inhibit lactation. As stated in the latest *Cushny's Pharmacology and Therapeutics* the action of testosterone would be "essentially one of a replacement nature."

Testosterone ($C_{19}H_{28}O_2$) is a white crystalline powder, soluble in alcohol, ether, and other organic solvents; insoluble in water. For injections it is supplied in sesame oil.

Space permits only a brief writing in regard to the clinical findings on testosterone and its androgenic (masculinizing) properties. It is now known that men pass through the same type of climacteric period as women, with an endocrine let-down which gives rise to depression, hot and cold flashes, irritability, weakness, declining libido, fits of temper, etc. The report of one investigator, Dunn, appears to sum up the findings of a host of other clinicians following the administration of testosterone in the male climacteric and involutional melancholia: "a marked improvement in the physical and mental effort; the depression, irritability and general tenseness disappeared. . . there was an increase in libido at the end of four weeks." Turner states that "after ten injections, sexual intercourse could

be carried out satisfactorily." According to McCullagh, testosterone has given a good account of itself in offsetting masculine impotence in certain cases due to testis inadequacy. It seems to play a definite role in the mechanism of penile erection or inadequate ejaculation.

While it is true that testosterone, in prostatic hypertrophy, does not seem to reduce the size of the engorged prostate, many physicians report symptomatic relief; decrease in nocturia, decrease in the amount of residual urine, less dribbling, and a general improvement in mental and physical well being. Small doses, prior to and following operation are said to lower the surgical risk and attendant morbidity, but this is open to question.

Cryptorchidism, where the testes have not descended into the scrotum, appears to be another condition where, in certain non-surgical cases, testosterone often gives prompt and gratifying performance. It has been shown that the drug sometimes helps facilitate surgery in those patients requiring it.

A rising tide of reports gives good cause for belief that testosterone will be a stand-by in various sex hormone disturbances of the female. The chief use to date is in the suppression of lactation. Here, testosterone has shown itself far more valuable and convenient than ice caps, salines, tight binders and other old methods, and it is so much easier on the nurse. Of twenty-one successive cases receiving testosterone, note Kurzrok and O'Connell, "complete success" was obtained in nineteen. "It was not unusual to find. . . complete relief of all symptoms. . . within a few hours after the second dose. . . Complete relief of symptoms usually occurs within forty-eight hours." Once the symptoms were relieved there was no tendency for their recurrence after cessation of injections.

Highly involved are the explanations of the mechanism by which testosterone functions to [Continued on page 54]

INDICATIONS AND SUGGESTED DOSAGE

Group (Female)	Testos- terone	Frequency
Inhibition of Lactation	25 mg.	Twice daily for one to three days.
Functional Uterine Bleeding	25 mg.	Every second day, 3 doses usually suffice.
Menorrhagia Metrorrhagia	5 to 25 mg.	Two to three times weekly.
Dysmenorrhea	5 to 10 mg.	Three times weekly, some- times more.
Chronic Mastitis	5 to 10 mg.	One to three times a week.

Collector's Corner

ROBERTA MATTHEWS, EDITOR

• A sleepy Mexican, burned in wood by her youngest son, launched Lena Mallory on her hobby of collecting all things Mexican.

"That was three years ago," writes Mrs. Mallory from her home in Paso Robles, California. "My oldest son immediately followed up with bookends of that same sleepy gringo, and now I have salt and pepper shakers, coasters, vases, and about thirty other Mexican items. A three-cornered whatnot shelf adequately displays most of the articles which tend to be small in diameter.

"My husband and I are both R.N.'s," continues February's guest editor. "We graduated together in 1922 and have worked in several hospitals in Colorado and California. Four years ago we started a small emergency hospital in Paso Robles. After three years of yeo-

man's work we bought a larger building and remodeled and enlarged until we now have a twenty-eight bed general hospital. To carry on the family tradition, our daughter, Joy, is in her second year of nurses' training.

"When my Mexican corner has to be enlarged," Mrs. Mallory concludes, "I shall have my friends and R.N.'s Collectors' Corner to thank for it! Fellow-collectors can address me at Paso Robles Community Hospital, Box 545, Paso Robles, Calif.

And now our early Spring requests from contributors include:

DOLLS: I have over thirty now and I'm eager for more. Any kind, race, sex, or creed. Lillian Piszkiewicz, 1212 N. Ashland Ave., Chicago, Ill.

MADONNAS: Perhaps some of you would send me a Christmas card or some other picture of the Madonna and Child to add to my lovely collection. What can I exchange with you? Emma Willhnganz, 6435 W. North Ave., Wauwatosa, Wis.

STANDARD OIL PICTURES: Of the "See Your West" series, I need Butchart's Gardens, Diamond Head, and a few others. I have many duplicates to trade. Mrs. D. Erickson, Rt. 2, Box 790, Sanger, Calif.

NURSES CAPS: New or old, but I need the name of the training school and the owner's name, too. Eleanor Stam, 50 Primrose Ave., Floral Park, N.Y.

MINIATURE ELEPHANTS: What is your hobby? Maybe I can send you something in exchange for an elephant! Marjorie Irvin, Lamesa General Hospital, Lamesa, Tex.

[Continued on page 38]



Both gringos and gauchos are included in Lena Mallory's Mexican collection.

THE SEASON STRIKES



Congestion accompanying seasonal colds and respiratory affections responds readily to the endermic treatment afforded by Numotizine.

NUMOTIZINE

The external application of this *medicated emplastrum* not only exerts the hyperemic, decongestive effect of a kaolin cataplasm, but it also releases guaiacol and creosote—well-established antipyretics and analgesics—for absorption through the skin.

NUZINE HEMORRHOIDAL OINTMENT

Provides relief and decongestion in hemorrhoids, pruritus, digital examination, post-operative rectal pain.

NUMOTIZINE, Inc.
900 North Franklin Street
Chicago

PEOPLE

Marion G. Howell—appointed chairman of the Subcommittee on Nursing of the Health and Medical Committee, replacing Mary Beard. A member of the Subcommittee since its inception, Miss Howell has been known in nursing education circles both here and abroad. She is dean of nursing and professor of public health nursing at Western Reserve University. Her nursing career began at Vassar Training Camp during World War I and she was subsequently graduated from the Lakeside Hospital's School of Nursing.

Marion W. Sheehan—fills the vacancy on the Subcommittee created by Miss Howell's promotion. After graduating from St. Peter's Hospital in Albany, Miss Sheehan entered the public health field. Associated with the New York State Department of Health since 1920, she is now director of its division of public health nursing.

Edith H. Smith—becomes assistant executive secretary of the Subcommittee. She was until recently professor of nursing and director of the nursing service of Stanford University Hospital in California. A member of the Navy Nurse corps during the last war, she remained in foreign service for five years as assistant in the nursing division of the League of Red Cross Societies in Paris.

Sister Claudia—assists in fund-raising campaign for St. Vincent's Hospital in New York City. To expand their facilities to take care of any wartime eventualities, this 93-year-old institution seeks \$750,000. Sister Claudia served through the Spanish-American and first world wars and believes that American soldiers will have the finest medical and nursing care in the world. She has just celebrated her fifty-third year at St. Vincent's.

Laura Zettel—went to England and shook hands with a queen. A member of the Harvard-American Red Cross field unit which reached England last Fall, Miss Zettel had the opportunity of chatting for



Protective Barrier

The snow fence deflects the wintry blasts of snow. Without it much of our country-side would be "snowed in" by obstructive snowdrifts. It is a protective barrier.

Many physicians regard Vi-Penta Perles and Vi-Penta Drops as a protective barrier for those whose resistance is low, particularly during the winter months. These multivitamin preparations are especially helpful to patients subject to recurring colds and other respiratory infections.

Vi-Penta Perles are tiny gelatin globules containing generous amounts of vitamins A, B₁, B₂(G), C, and D; Vi-Penta Drops are a concentrated, pleasant-tasting solution of the same 5 vitamins to be added to liquid or solid foods. The Perles are intended for adults and older children, the Drops for infants or other patients who cannot swallow capsules. Vi-Penta Perles: Cartons of 25 and 100; bottles of 250. Vi-Penta Drops: Vials of 15 and 60 cc with calibrated droppers. HOFFMANN - LA ROCHE, INC. • ROCHE PARK • NUTLEY, N. J.

VI - PENTA PERLES • VI - PENTA DROPS

a moment with Queen Mary. The occasion was in Bristol where the Queen-Mother was making one of her rare appearances which included an inspection of a group of American nurses. Members of the Harvard unit were in Bristol during the recent paratyphoid epidemic in that city. They moved to Salisbury as soon as the twenty-two new buildings and laboratories were equipped for the study of epidemic disease and civilian morale in wartime, a project undertaken by the Harvard unit.

Alberta Rose Krape—featured on *Life's* cover, January 5th. The average subscriber was interested in this 24-year-old Navy nurse and in the "shortage" story the cover-picture introduced.

Marye Ray—heads group of American nurses in Northern Ireland. Greeted cordially by British colleagues, the Yankee contingent is learning how to ride bicycles, acquiring a taste for tea, and practicing the tuneful ditties of their Celtic hosts. Miss Ray is well equipped to lead her charges, having served twenty-four years with the Army Nurse Corps.

Helen Norris—inherits \$5,000 from former patient, William J. Rucker of Charlottesville, Va. Miss Norris nursed Mr. Rucker when he was a patient in a St. Louis hospital and while he was convalescing. Now in the first reserve of the Red Cross, Miss Norris expects to be called for active duty at any time.

Edith M. Beattie—explains pay rise for private duty nurses in Washington, D.C. The secretary of the Graduate Nurses' Association of the District pointed out

that the increase of from \$5 to \$6 for an eight-hour day and from \$7.50 to \$9 for a twelve-hour day was necessary to meet the increased cost of living. Miss Beattie emphasized the fact that the daily rate was not an accurate gauge of a nurse's income as most private duty nurses do not exceed twenty days of employment per month.

Nancy Stout—nursed at Fort Nonsense, Morristown, N.J. during the long winter of 1776. Ill herself from exposure, she had to be driven by ox-sled to Trenton for proper medical care. George Washington, who habitually wore a woolen scarf around his neck during that bitter weather, watched the sick woman being prepared for the journey. Taking the warm scarf from his neck, the General wrapped it around Nancy Stout who lived long enough thereafter to pass the scarf on to her descendants. Now the property of C. W. Lyon, Inc., Washington's scarf rests in a shadow-box frame which protects it from deterioration.

Marion Blissett—enlists in Navy Nurse Corps. Torpedoed last summer when aboard the Norwegian liner, *Vigrid*, Miss Blissett spent twelve days in an open life-boat before being landed in Iceland. She was slated to serve in the Red Cross-Harvard Hospital in England. On her recent enlistment Miss Blissett said to reporters, "Don't make me sound noble or idealistic. I just felt that I had to get back in the service of our country."

Elizabeth Sennewald—re-elected president of the New Jersey Industrial Nurses Association, entertains Marion Brittingham at her home in Paterson, N.J. Together,

Vapo-Cresolene
INHALED
is the
DIRECT METHOD
of treating
COLDS, BRONCHITIS,
WHOOPING COUGH



Direct, repetitive action! Therein lies Vapo-Cresolene's notable efficacy. With the Vapo-Cresolene lamp in operation, the patient's breathing draws the decongestive, mildly antiseptic, sedative vapors into repeated contact with the inflamed respiratory mucous membrane.

The natural result is that cough is quickly subdued, breathing passages are cleared and throat irritability and raspiness are relieved. Write for nurse's literature, Dept. 4.

THE VAPO-CRESOLENE CO.
62 Cortlandt St. New York, N.Y.



Q. When I serve a dish of canned peas or spinach or some other canned vegetable to a patient, how can I know how much ascorbic acid the patient is getting?

A. I couldn't assign a definite numerical value. All vegetables have an upper and lower limit of ascorbic acid content. This probably is also true for their other essential nutrients. The ascorbic acid content of a given sample is determined by a number of factors, like variety, state of maturity when picked, soil, weather, and what happens to the vegetable between the time it is harvested and served to the patient. It is very likely that canned vegetables are fully equal in ascorbic acid content to kitchen-prepared vegetables. I suggest you be guided by reliable publications on the ranges of vitamin contents in canned foods. (1)

American Can Company, 230 Park Avenue, New York, N. Y.

(1) 1936. Food Research 1, 3
1936. *Ibid* 1, 231
1938. Nutrition Abstracts and Reviews 8, 281
1939. The Canned Food Reference Manual,
American Can Co., New York.
1940. J. Am. Diet. Assoc. 16, 891



The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

WORKS WONDERS
FOR HEAD COLD
SUFFERERS

V-E-M

The Soothing
Ointment for
Nasal Irritations

To conserve rubber we now offer an Economy Package of V-E-M *without* applicator to sell at a lower price in addition to our Regular Package with applicator.

Samples *without* applicator available to the profession on request.

Schoonmaker Laboratories, Inc.
Caldwell, N. J.

Nasal relief
without
Ephedrine

Menthol 1½ gr., Oil of Eucalyptus 6½ gr. in each av. ounce.



they plot ways and means of making the forthcoming Joint Conference of Industrial Nurses' Associations the best ever. The 1942 conference, of which Mrs. Brittingham is chairman, will be held at the Benjamin Franklin Hotel in Philadelphia on April 18 and 19.

HOW TO RELAX

1. Cut down on the intensity of your thinking half an hour before retiring. (Play Chinese checkers, plan an excursion for the week end, write a letter to a friend filled with pleasant things you have been doing.)

2. Take plenty of time to get ready for bed (next morning's clothes, leisurely bath, and so on).

3. If you like to read in bed choose non-fiction or a "hard" book. Force your mind to grapple with cumbersome facts, bore it into unconditional surrender to sleep.

4. Transplant your mind from fears or hates to a field which has interest without excitement (a new wardrobe, possibly).

5. Make your mind hop from one idea to another. Just as the mind loses consciousness and sleep comes, thoughts become disjointed and scattered. (Start with some happy episode in childhood, for example.)

6. To quiet the body, get rid of any pressure or pain. (Lighten weight of covers, clothes.)

7. Tepid bath without a rubdown. (Get into bed a little damp and chilly. As the body becomes warmed it becomes more and more comfortable. If during the night one becomes sleepless, throw back covers until body becomes uncomfortably chilly. Then when the covers are pulled up again, the body once more sinks into coziness.)

8. Imitate the slow, deep rhythmic breathing of sleep. (Helps regulate the circulation and may ease the mind and emotions; also tensions in the abdomen.)

9. Relax the muscles completely.

10. Get rested before trying to sleep. (Get into bed an hour or more before your regular time for retiring. Do so night after night to build up a reserve of rest and fall asleep without the old struggle.) —Josephine Rathbone, M.D., *Jour. Amer. Med. Assoc.*, Feb. 14, 1942.

MARCH—R.N.—1942

"Maybe a nurse isn't supposed to have feet," I snapped . . .



HEAD NURSE: You should wear shoes that let you forget you have feet. The new Red Cross Service Shoe, for instance. It's so soft and comfortable and so good-looking that it's easy to keep going and keep smiling at the same time.



RED CROSS SHOES are made over the exclusive "Limit" Lasts, result of measuring thousands of women's feet in action and repose. That's why they fit your feet so perfectly, keep your step vivaciously young. See them at your dealer's.

The SUZANNE

HAPPY ME: My new Red Cross Shoes are simply Heaven-on-heels. So blissfully comfortable. So smartly styled. So thriflly priced, too.



Red Cross Shoes

America's unchallenged shoe value

\$6.95

Preferred by
America's Smart
Nurses 3 1/2 to 1.
The U. S. Shoe Corp.,
Cincinnati, O.

Most styles, Denver west, \$7.45

JUST ONE STEP TO OPPORTUNITY



Just one simple move stands between you and the opportunity which might shape your whole future... Today's quick-changing tempo brings about many changes...opportunities are rampant throughout the entire professional field...in every section of the country...perhaps the very one for which you are eminently qualified is resting in our files right now...but until you advise us of your ambition and qualifications, we are helpless to aid you.

Why not write Ann Ridley Woodward in implicit confidence...and in the security of knowing that your opportunity shall not pass you by!

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MEDICAL PERSONNEL BUREAU
Ann Ridley Woodward, Director
Suite 422C, 30 No. Michigan Ave.
CHICAGO, U. S. A.

Collector's corner

[Continued from page 31]

MEXICAN AND SOUTH AMERICAN DATA: I'm studying Spanish and beginning a scrapbook on all things Mexican and South American, including information about the people, their customs, history, industry, etc. I'd even like Spanish recipes! I'll acknowledge and pay postage. Mabel Peterson, Stonybrook Retreat, Keene, Calif.

MATCH COVERS: I'm just a beginner but very much interested in my growing collection. May I exchange with someone or pay postage? Dorothy Larkin, 4933 N. Mozart St., Chicago, Ill.

YARN: I make afghans out of left-over wool to be donated to the Red Cross or Bundles for Britain. All colors will be appreciated. Marjorie Hales, 2707 Briggs Ave., Bronx, N.Y.

MADONNA CARDS: Christmas or religious cards with pictures of the Madonna. Promise to pay postage and acknowledge. Harriet Barrett, 85-69 111th St., Richmond Hill, L.I., N.Y.

"HEN ON A NEST": I'd appreciate hearing from any R.N. who has an antique white china hen on a nest. The hen is the cover and the nest, the bowl. Would be delighted to exchange stamps or some other item for one. Emma Lankow, 1729 4th Ave., Oakland, Calif.

HOSPITAL CARDS: Will trade, pay postage, or make any arrangements satisfactory to other collectors. My postcards are of hospitals either in the U.S. or foreign countries. Mrs. Edwin Boykin, 6517 Maryland Ave., Los Angeles, Calif.

MATCH FOLDERS: Big ones, little ones, any size, any kind. I also collect hospital postcards and would like them from every city and State. Will help other hobbyists if possible. Emma Beshore, Harrisburg Hospital, Harrisburg, Pa.

SHEET MUSIC: Have you any piano sheet music, preferably popular pieces, old or modern? I'll be glad to buy or trade. (Mrs.) Ruth Wertz, 212 Ella St., Hollidaysburg, Pa.

DIONNE QUINS: I'm collecting articles about the quintuplets and pictures of them. No advertising. Please leave the

MARCH—R.N.—1942

**TO PROMOTE
COMFORT...**



Do as generations of R.N.'s have done

ADVISE gargling and spraying with Glyco-Thymoline to help soothe and heal irritated membranes of the nose and throat. This gentle but effective alkaline solution has been in approved use in many hospitals and private practice for over fifty years—an enviable reputation for *any* product.

Glyco-Thymoline will add greatly to patient's comfort. Its pleasant taste and cleansing, soothing action will be welcomed frequently by ambulatory or bed patients.

In relieving the discomfort of common colds and ordinary sore throats, Glyco-Thymoline is recommended and used by many physicians and nurses. Excellent as an oral freshener.



*Especially recommended
as a
vaginal douche*

GLYCO-THYMOLINE

— IT'S EVERYWHERE —

date line on newspaper pieces. Will pay postage gladly. Irene Flisher, St. Mary's Hospital, Gallup, N.M.

ELEPHANTS: I prefer them under five inches tall, trunks upturned for luck. Will pay postage, acknowledge and exchange. (Mrs.) Lauretta McDonald, 34 N. Pearl St., Brockton, Mass.

POSTCARDS: May I exchange picture postcards of either Anderson or Indianapolis, Indiana, for picture folders or separate pictures from *your* town or city? Letha Fattic, R.R. 1, Middletown, Ind.

POETRY: I'd like to add to my flourishing collection which contains all kinds of verse. All contributors will be answered immediately. Bertha Stein, 16 E. Clapier St., Philadelphia, Pa.

How to spare your car

[Continued from page 21]

about the transmission, differential, and front wheel bearings. For the best service, these should be checked every time

the speedometer clicks off five thousand miles.

Don't jump to the conclusion that because some of the lubricant remains when they are checked that you don't need to have them repacked. Like your oil, this lubricant is not permanent. Also, different weights are required for Winter and Summer use.

Your electrical system and brakes should be tested every five thousand miles too.

Always be sure your brake lining is in trim. And, if your jalopy is the proud possessor of hydraulic brakes, you mustn't, it seems, have air in the brake system. It causes soft, spongy pedal action, and has to be corrected by "bleeding" (no less) the brake lines and adding fresh brake fluid to the cylinder reservoir.

Furthermore, the shoes—oh yes, brakes have shoes—should be properly adjusted to permit equal, efficient braking on all four wheels. You don't



**RESINOL HAS
A WIDE RANGE
OF USES IN
*Skin Care***

1 1/4 ounce and
3 1/2 ounce jars

In addition to its many sickroom uses—relieving the itching and burning of dry eczema, pressure sores, sheet burns, chafed spots, rectal and vulval irritation, promoting relaxed comfort and thus aiding healing—Resinol has other important uses.

This soothing ointment is highly effective in allaying the itching of ivy or oak poisoning, the smarting sting of chapped skin, cracked blistered skin between toes, fiery throbbing of minor burns or scalds, soreness of fever blisters, and the discomfort due to many other skin irritations of external origin. Keep Resinol handy and use it freely whenever a skin soothing application is required.

Use Resinol Soap, too. It's a pure, gently-acting soap for skin cleansing, and is ideally suited for use in combination with Resinol Ointment.

Would you like a professional sample each of Resinol Ointment and Resinol Soap? Then write Resinol Chemical Co., Dept. R.N.-26, Baltimore, Md.

RESINOL

At all
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HOW RY-KRISP HELPS YOU KEEP AMERICANS IN TRIM

A word to Nurses: Now more than ever before Americans need your help — on the battle front and on the home front. We believe Ry-Krisp can help you to help those you serve. Ry-Krisp diet books can save your precious time. Ry-Krisp can help you solve 3 common diet problems.



AN OUT-and-OUT WHOLE GRAIN BREAD

Made from pure whole rye, Ry-Krisp yields 7 International Units vitamin B₁ per 6.5 gram wafer, is a good source of iron, copper, phosphorus, manganese. A handy, delicious bread that has a place in the "food for freedom" program.



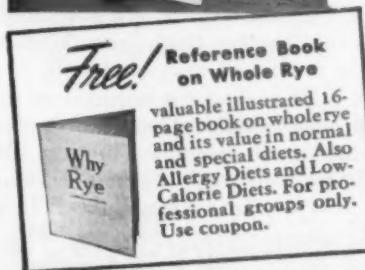
AIDS ALLERGY SUFFERERS

Made without wheat, milk or eggs, Ry-Krisp is a safe bread for those allergic to one or all three of those foods. To save your time, we offer handy Allergy Diets listing allowed and forbidden foods, giving tested recipes for wheat, milk and egg-free dishes.



HELPS NORMALLY OVERWEIGHT

Ry-Krisp is helpful in low-calorie diets because it has only 23 calories per wafer yet has a high hunger-satisfying value and provides bulk to aid regularity. Dietetically sound Low-Calorie Diets (1700 calories for men, 1200 for women) are available to you.



RALSTON PURINA COMPANY

960B Checkerboard Square, St. Louis, Missouri

Please send free copy "Why Rye," _____ copies Low-Calorie Diets, _____ copies Allergy Diets. No cost or obligation.

Name _____

Address _____

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Duty footwear made of LEVOR white kid is as crisply smart and efficient as a supervisor... smooth and comfortable as the Consultant. Footwork and shoes hold no dread for nurses who get LEVOR white kid, of which finer shoes invariably are fashioned.

LEVOR *Washable*
WHITE KID

Don't let anyone tell you there is little or no difference between one and another kind or brand of leather. No other leather can come up to LEVOR'S washable white kid for nurses' shoes. Ask for, and make sure you get, the nationally famous, most widely used



VAPON DRY SHAMPOO
FOR CONVALESCENTS

"No soap, no water, no danger of shampoo colds or complications. Just pour a cup full of Vapon Dry Shampoo through the hair. It dries by evaporation leaving hair clean, soft and fluffy with curls intact. Simple, harmless and quick. Ideal for hospitals and convalescents.

On sale at leading drug and department stores or direct. For further information write to

PETROLEUM DERIVATIVES COMPANY
68 Forest Street

Montclair, N. J.

have complete control of your car when braking on one or two wheels. That, naturally, makes for accidents and is hard on the tires.

Speaking of tires, here are some hints on how to increase their longevity.

Whatever you do, keep your air pressure at the recommended level. The best plan is to set a certain day each week to have your tires inflated, for the ordinary tire loses about three pounds of air every seven days, and under-inflation means lost mileage.

Don't try to beat the other fellow at the stop light. Fast get-aways waste rubber!

For that matter, keep your speed down at all times. You already know, of course, how hard "ambulance-racing" can be on lives. Well, it's also hard on tires. There is more tire slippage at high speeds, and the car sways more, scuffing the rubber off the tread. Then, too, brakes have to be used more often, and that causes added wear on tires.

Take the curves easily and on steep hills go into second, giving your motor a chance to hold the car.

Then, as an extra precaution, have your tires switched around every five thousand miles. Exchange the right front with the left rear and the left front with the right rear. Rear tires wear faster than front ones, and crowned roads and road shoulders result in faster wear on tires on the right-hand side of the car. This is a simple operation, because on most cars it is not necessary to mount or dismount tires—merely change the wheel units.

Next, keep the engine and surrounding areas clean so that your ignition wires do not lie in grease and oil.

Have your carburetor adjustment inspected occasionally. There's no sense using too much gasoline, but on the other hand, you don't want the motor dying every time a stop light delays your progress.

When Winter rolls around again, remember that zero mornings call for

The Chart below

shows the daily recommendations of calories, vitamins B₁ and C, made by the Committee on Food and Nutrition of the National Research Council. It also shows the percentages of these nutrients contributed by a 6-oz. serving of Dole Hawaiian Pineapple Juice

FOR THE AVERAGE WOMAN

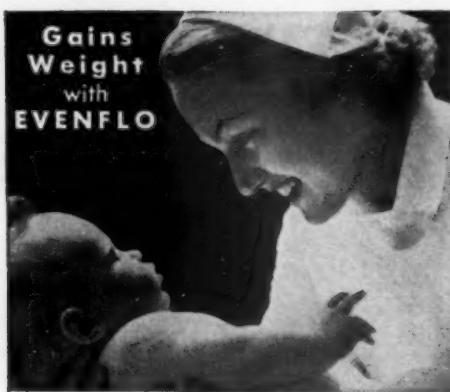


	CALORIES		VITAMINS			
	Recommended Nat'l Research Council Number	Dole %	THIAMIN B ₁	DOLE %	RECOMMENDED NAT'L RESEARCH COUNCIL MILLIGRAMS	DOLE %
 Moderately Active	2500	4%	1.5	20%	70.	17%
 Very Active	3000	3%	1.8	17%	70.	17%
 Sedentary	2100	5%	1.2	25%	70.	17%
 Pregnancy	2500	4%	1.8	17%	100.	12%
 Nursing Mothers	3000	3%	2.3	13%	150.	8%
6 OZ. DOLE PINEAPPLE JUICE CONTRIBUTES		102 Calories	0.3 Milligram	12. Milligrams		

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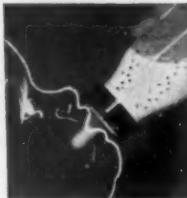




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that admit air
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Nipple up
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anti-freeze. But before you have it put in, make certain that your radiator is clean.

Give your service station man one of your Class A smiles and ask him to insert a hose into the bottom of the radiator and force up whatever rust and scale has collected there. Reverse flushing, that's called, and it's effective.

Then tell him to make certain that all hose connections and the cylinder head are tight. You don't want your hard earned pennies dripping out of a leaky radiator.

Now, you're all set for anti-freeze. Brand new is best. It may seem like economy to use last year's supply which you had drained off and carefully saved. But, as a general rule, used anti-freeze contains impurities, and its rust inhibitor has probably lost its effectiveness. The *rust inhibitor*, by the way, is just what it sounds like, a solution designed to prevent the anti-freeze from rusting your radiator.

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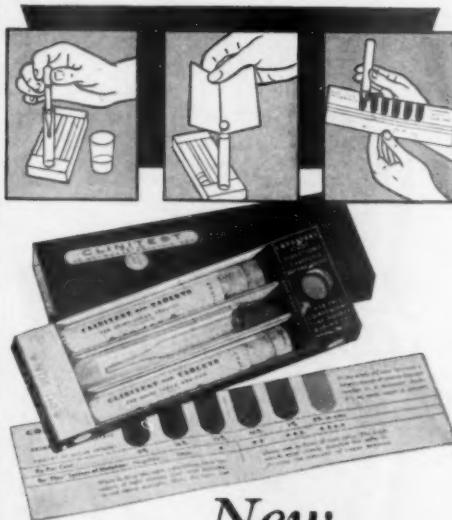


Spark plugs should be checked every ten thousand miles, but, contrary to popular belief, they don't have to be replaced because they have been used that long. Just be sure the points are clean and properly spaced.

If you don't want the weather to prey upon your paint job, keep the outside of your car protected by waxing it. You can do this yourself, if you're an energetic soul and want to save your pennies. But it isn't exactly play. However, you can make a paste wax polish more freely by sprinkling cornstarch over the surface.

Press the clutch pedal to the floor when starting. This lightens the load for both the starter and the battery by eliminating the need for turning over the gears. Let the engine idle a few minutes until the oil warms up. Racing the motor when it is cold is equivalent to running it without oil, and that is fatal!

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The new CLINITEST Tablet Method for Urine-Sugar Analysis has been developed to meet the needs of the physician, the laboratory technician, the nurse and the diabetic patient.

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MARCH—R.N.—1942

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YOU HURT ALL OVER. TIRED,
BURNING, TENDER, ITCH-
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CORMS AND CALLOUSES
PUT LINES IN YOUR FACE.

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repairs and replacements are costly and inconvenient.

The Employers Mutual Liability and Insurance Company lists these "commandments" for automobile protection:

1. Always lock your car when you park.
2. Park in protected areas, parking lots, or garages.
3. Keep your spare tire securely locked.
4. At home, lock your garage.
5. Use other means of transportation when possible.
6. Cut down your speed. Fast driving reduces the life of your car and tires.
7. Have your car checked regularly and keep it in good repair.
8. Keep your tires properly inflated.
9. Avoid jerky starts and sudden stops.
10. Never run on a flat tire.
11. Have your wheel alignment checked regularly.
12. Don't park where there is oil. Oil rots rubber.
13. Don't scrape tires on curbs.
14. Go around corners slowly.
15. Keep tires out of hot sun or other extreme heat.
16. Tires need exercise. Put on the spare occasionally.

If you make up your mind to follow these easy rules, you can be sure you'll get your money's worth out of your car.

War is like this

[Continued from page 28]

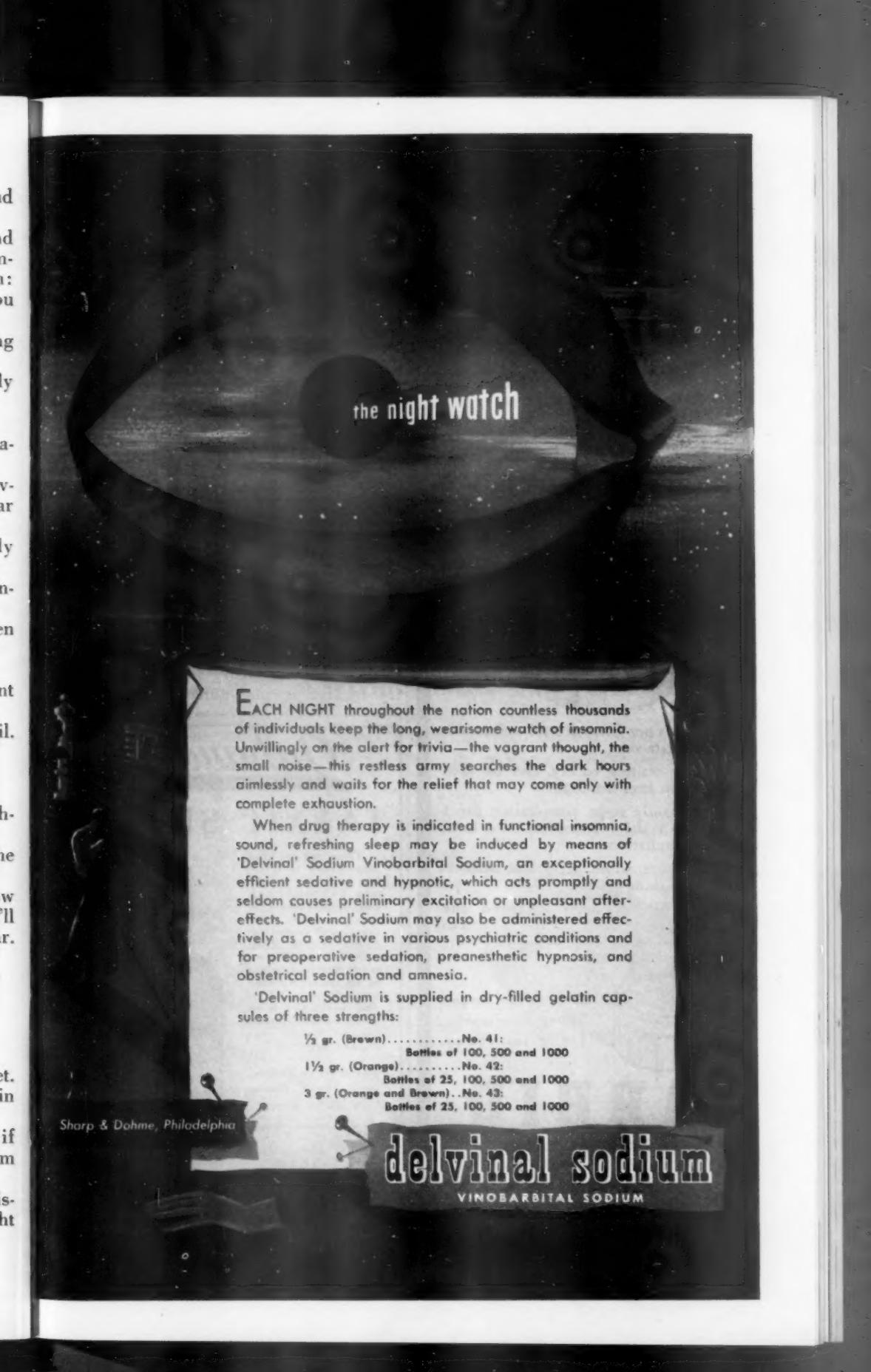
in the partly opened doorway.

"Hey Heinie! Look in the closet. Maybe you'll find a rag you can use in there!"

The great coat fit the German as if made for him. Zbyszek watched him sadly and not without some disgust.

"It's from a stiff, you know," he discouraged. "That's bad luck. You might

Sharp



the night watch

EACH NIGHT throughout the nation countless thousands of individuals keep the long, wearisome watch of insomnia. Unwillingly on the alert for trivia—the vagrant thought, the small noise—this restless army searches the dark hours aimlessly and waits for the relief that may come only with complete exhaustion.

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'Delvinal' Sodium is supplied in dry-filled gelatin capsules of three strengths:

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Cream Deodorant
safely
Stops Perspiration**



1. Does not harm dresses—does not irritate skin.
2. No waiting to dry. Can be used right after shaving.
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5. Arrid has been awarded the Approval Seal of the American Institute of Laundering for being harmless to fabric.



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Selling Deodorant...
Try a jar today.

ARRID

39¢ a jar

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(Also in 10 cent and 59 cent jars)

get knocked off yourself."

The German, understanding little of this, smiled and saluted Zbyszek in thanks for the coat. Zbyszek enviously followed him with his eyes, then turned to me, a little sad. "I don't really know what I should have wished him. If I ever run across him and have a chance, I'll shoot him, of course. Naturally, I'd be glad to. But it's so good, so darned good to live . . .!"

Listening thirstily from the next bed leaned infantryman Olenski. He was awaiting a leg amputation.

Shortly afterward I was ordered to send Zbyszek to a hospital annex in the town. He was to return soon to his home, anyway, though he did not know if it was still there, if his mother and sister were living or not. Long afterwards I wondered about Zbyszek; if, when he returned to Warsaw—when he found neither familiar streets, nor friends, nor relatives—when he would try to live in one unheated room in

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For relief in a wide variety of conditions—

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NEW YORK, N. Y.

four below zero weather having frozen potatoes and *kluski* made of flour and water for week days and eating horse meat on Sundays, I wondered if he could still tell me that "to live is so darned good."

I was never to see Zbyszek again, never to ask him. Anyway, I wouldn't have. In covering him well on his stretcher for transportation, and in wishing him *au revoir* as he left my ward, I thought regretfully of the approaching end of his heroic epic, of his glorious war adventure, and of the beginning of hopelessness. I thought then that Zbyszek would never again tell me, throwing his golden hair back with a short quick gesture, "It's so marvellous to live!"

Now I think otherwise. Healing and youth are two fine things. And to live is always better than to perish.

Fractures

[Continued from page 17]

immediate vicinity of a fracture influences the deposition of calcium in the newly formed fibroblastic tissue in order to form callus.

Some excellent results have been attained with the use of diathermy in the early stages of fracture healing. Heat is also applied in the form of the whirlpool bath or some form of radiant heat followed by massage, electrical muscle

stimulation, and exercise. Most authorities, however, believe that extensive and superficial types of heat are preferred as a preliminary to massage and mobilization. In orthopedic surgical conditions, luminous heat and infra-red irradiation have been used with success. Use of ultraviolet irradiation is contraindicated in the presence of hyperthyroidism, diabetes, highly nervous individuals, aged with acute or chronic nephritis or myocarditis, generalized dermatitis, and exudative forms of pulmonary tuberculosis. Roentgen rays have been used to combat infection, but in fractures definitely delay union and scar formations and should not be used.

Occupational therapy.—This form of treatment is gaining in importance. Even when fever is present it may decline when the thoughts are diverted by simple occupations. This therapy tends to increase flexibility of an injured joint or one that has been immobilized because of fracture. It also increases strength of muscles. Even the simplest occupations will tend to limber joints and improve circulation. Later, exercises or more difficult work may be given. Even physical therapy may be discontinued when proper occupations are encouraged. Weaving on small frames, needlework, wood carving are a few of the things taught in craft shops of sanatoria. These and

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15 Minutes
TO END
PEDICULOSIS
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in poplin.
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169 poplin
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2-PLY SANFORIZED POPLIN ONLY \$2.98
SELECT QUALITY SHARKSKIN ONLY \$3.98

You pay Maker's prices for these fine quality, perfect-fitting uniforms. Many smart styles to choose from with such "tailor-made" details as: reinforced seams, extra-wide hems, detachable ocean-pearl buttons, rust-proof skirt grippers, invisible shields, etc. They're money-back guaranteed.

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others are used for the hands, arms, and fingers. The lower extremities may be exercised by the bicycle saw and the floor loom. The latter aids in hip flexion, hip extension, knee flexion and ankle extension. Use of the treadle sewing machine aids in exercising and increasing ankle movement. Men may associate feminine occupations with this machine but by sewing sails for a boat or doing leather stitching even they may be encouraged to its use.

Today many nurses are specializing in occupational therapy and finding that it constitutes yet another tool in their fight against unwelcome after effects of surgical procedure. The last war gave impetus to this therapy and it is to be expected that the present conflict will also demand a larger number of qualified persons to carry on the methods and encouragement that are a necessary part of the treatment.

Fracture of the spine.—Because of the seriousness of this condition it

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TOILET SOAP
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is well to give some extra space to a brief discussion. Thoughtless or uninformed handling is the cause of many fatalities. It is far better to allow the patient to remain at the scene of the accident until medical help arrives than to take chances with improper transportation. Never allow an injured person to be picked up by unskilled bystanders. Picking up a spine fracture may cause the vertebra to collapse and compress the spinal cord, causing a total and irreparable paralysis below the point of injury.

Aside from spinal taps and surgical procedure, there are specific things that the nurse can do to ease this patient. An air mattress will add to comfort, and the skin must be especially cared for to prevent bedsores. There may be need of bladder drainage when the flaccid states of spinal shock are present. Colonic irrigations may be used every second or third day after the first 48 to 72 hours. A cradle over the

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IT GOES ON QUICKER THAN I CAN TELL.**



**IT GETS MY SHOES SO WHITE AND EVEN—
REALLY ALMOST PAST BELIEVIN'!**



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A BOTTLE LASTS FOR WEEKS AND WEEKS.**



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foot of the bed will relieve pressure of blankets. Foot rolls to bolster and dorsiflex the feet to avoid shortening of the tendon, with resulting deformity may be necessary. Later, posterior molded splints can prevent foot drop. If there is paralysis of the diaphragm a respirator may be required. Nursing care in these cases is most valuable, not only for the comfort of the patient but as it reflects on successful outcome.

[Send stamped addressed envelope for a bibliography on the facts discussed in this article.—THE EDITORS.]

Testosterone

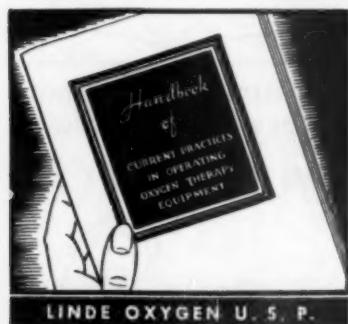
[Continued from page 30]

diminish uterine bleeding. But Abarbanel does say the bleeding "will be very considerably diminished." Salmon and Gaines testify that of a series of twenty-five patients "definite clinical improve-

ment occurred in all but two cases." It has been suggested that testosterone be given for symptomatic control in functional uterine bleeding prior to commencement of replacement therapy with follicular and corpus luteum hormones.

Testosterone is a relatively safe, though highly potent drug. However, its use should be temporarily discontinued when priapism occurs, when mental excitement follows its use; discretion should be used to avoid precipitation of sexual precociousness in young boys. Overdosage in the female may give rise to hirsuteness, hoarseness, and varying degrees of male characteristics but with proper correction of dosage, in mild "toxicity," the masculine results may be obviated.

Testosterone is commercially available in ampules for intramuscular injections. It is also supplied in ointment form for inunction, and as tablets which comprise methyl testosterone for use by



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mouth. The testosterone ointment and the tablets have both proven their androgenic ability. Physicians use them when injections are not desirable or inconvenient (due to patient traveling, etc.), when lower concentrations of the drug is required; as maintenance therapy after treatment is well under way, or to sustain therapy between injections which are administered intramuscularly.

The dosage of testosterone will vary with each patient and the physician must determine for himself the quantity to give in each case. The doses shown in the accompanying tables, compiled from published texts, may be considered as "basic doses" with which the doctor may start treatment in the average case, with the quantity to go up or down as necessary.

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MARCH—R.N.—1942



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Take time to eat well

[Continued from page 20]

suboptimal states lies not so much in cure as in prevention. And, all educational and social programs must begin with the enlightened, educated individuals such as you, yourself.

The need for better nutrition has become a crusade. Continued education is needed. But unless you apply knowledge to your own state, the information you have acquired will be of little use. A new discovery does not mean that we must change our habits; very often it just goes to prove some older idea. And, just to read about the advances is not enough. Digest these announcements, think about them and then check your own diet to be sure you are in line. Your health, as it is influenced by proper foods, and the resulting effect on your ability to give maximum service to your country, lies within your own hands.

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INTERESTING PRODUCTS

Here is a check-list on new products and services. R.N.'s may have samples or literature by writing the manufacturers whose products are described on this page. Be sure to give your registration number, however. The service is available only to registered nurses.

VITAMIN DESTRUCTION: Boiling of vegetables destroys 22 per cent of their vitamin B₁ content. An additional 15 per cent dissolves in the cooking water—for a total B₁ loss of 37 per cent. About 32 per cent calcium, 44 per cent magnesium, 46 per cent phosphorus, and 48 per cent iron are lost in ordinary cooking of vegetables. These and other vital figures on specific vitamin and mineral losses in foods are contained in a new booklet, "Vitamin-Mineral Losses in the American Kitchen." Also given are complete recommended cooking and dietary practices to achieve higher vitamin-mineral intake. For free copy of booklet write U.S. Vitamin Corp., Dept. RN 3-42, 250 East 43 St., New York, N.Y.

SUCCESS COURSE: Over 40,000 women from 16 to 60, including hundreds of registered nurses, have found a new and inexpensive way to beauty and health through the DuBarry Success Course. It's an easy-to-follow plan for improving yourself in face, figure, fascination, and fitness. It shows you how to use at home the same methods taught by Ann Delafield at

the famous Richard Hudnut Salon, New York. For the attractive booklet "Six Weeks from Tonight," giving full details of the DuBarry Success Course, write Dept. S-57, 693 Fifth Ave., New York, N.Y.

EFEDRON: Hart Nasal Jelly, the original water soluble ephedrine nasal jelly, relieves nasal congestion promptly and pleasantly. It is supplied in nasal-tipped tubes which enable it to be easily and quickly applied. It can be conveniently carried in pocket or purse. Free sample will be sent on request. Write Hart Drug Corp., Dept. RN 3-42, 25 N.E. Twenty-fifth St., Miami, Fla.

SERVICE SHOE: A new Red Cross Shoe for America's active-in-defense women of 1942. It's especially designed for *YOU* in the nursing service. Of course, it's also suitable for *all* women-on-the-go who, like yourself, cherish smartness and comfort. See the new Red Cross Service Shoe at your dealer's or write for illustrated literature. The United States Shoe Corp., Dept. RN 3-42, Cincinnati, Ohio.



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ANESTHETIST: East. Attractive opportunity in children's hospital with excellent professional rating. Minimum salary, \$125; maintenance. (Placement bureau charges \$2 registration fee.) Box C773.

ANESTHETIST: East. Large hospital connected with medical center. Salary open; maintenance. (Placement bureau charges \$2 registration fee.) Box MB3-2.

ANESTHETIST: New England. Hospital in interesting location has opening for woman, preferably mature, willing to combine duties as assistant superintendent. Salary, \$135; full maintenance. (Placement bureau charges \$2 registration fee.) Box C774.

ASSISTANT DIRECTOR OF NURSES: New England. Well-rated hospital has opening for college graduate with administrative experience, preferably 30 to 35 years of age. Salary, \$125; maintenance. Increase if satisfactory. (Placement bureau charges \$2 registration fee.) Box C775.

ASSISTANT OPERATING ROOM SUPERVISOR: Midwest. Well-organized hospital attractively located in university town, has opening for person with post-graduate training to advance to supervisorship within a year. Salary, \$100; maintenance. Increase assured if satisfactory. (Placement bureau charges \$2 registration fee.) Box C776.

ASSISTANT SUPERINTENDENT OF NURSES: Midwest. Must have degree and be qualified to aid in reorganization of school of nursing with enrollment of 130 students. Salary open. (Placement bureau charges \$2 registration fee.) Box MB3-3.

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must take charge of department in large tuberculosis sanatorium. Will be in charge of staff of fifty. Salary, \$2,400-\$2,800; maintenance optional. (Placement bureau charges \$2 registration fee.) Box MB3-4.

DIRECTOR OF NURSES: East. Hospital of 200 beds has opening for nurse with degree. Salary, \$200; complete maintenance. (Placement bureau charges \$2 registration fee.) Box MB3-5.

DIRECTOR OF NURSES: Texas. Large general hospital with training school averaging 120 students. (Placement bureau charges \$2 registration fee.) Box MB3-6.

***EDUCATIONAL DIRECTOR:** Philadelphia. Opening September 1, 1942, in accredited school for thoroughly qualified nurse-educator. Must assume responsibility for educational program and teaching. Box WH3-1.

GENERAL DUTY NURSE: Michigan. Position available in hospital fairly near Detroit. A recently graduated nurse preferred. Salary, \$115; meals and laundry. (Placement bureau charges \$2 registration fee.) Box C781.

GENERAL DUTY NURSES: Nevada. Small industrial hospital operated by large mining corporation. Salary, \$125; maintenance. (Placement bureau charges \$2 registration fee.) Box MB3-8.

GENERAL DUTY NURSE: Ohio. For staff of 150-bed hospital. Salary, \$100; meals and laundry. (Placement bureau charges \$2 registration fee.) Box C782.

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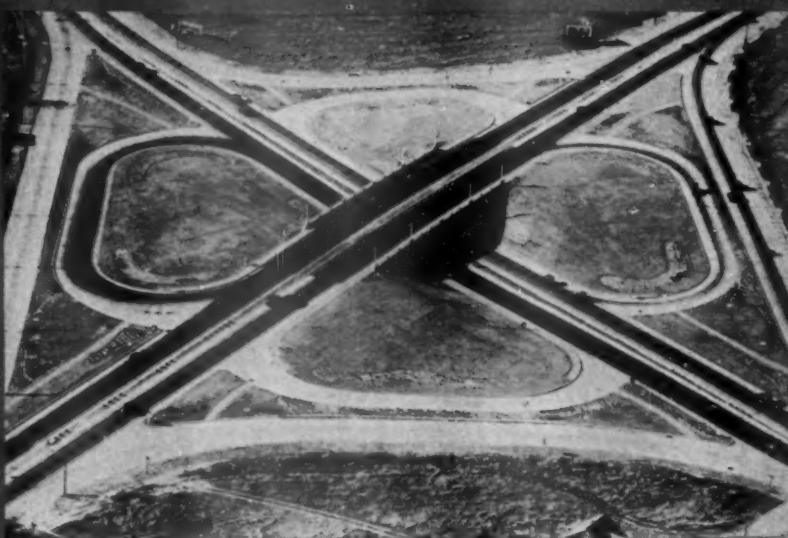
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***LABORATORY TECHNICIAN:** Wisconsin. Immediate opening for experienced technician. Salary, \$85; full maintenance. Box SM3-1.

LABORATORY AND X-RAY TECHNICIAN: South.

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***OFFICE NURSE:** New Jersey. Physician requires R.N., preferably married, for some evenings and Saturday afternoons. Typing desirable. Office is in Union County, N.J., in a suburb of the city of Elizabeth. Please give full qualifications in long-hand and enclose snapshot if possible. Box HM3-1.

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SUPERINTENDENT OF NURSES: Illinois. Opening in well-rated hospital for woman with college degree and record of successful experience in nursing administration. Salary open for discussion; will be above average. (Placement bureau charges \$2 registration fee.) Box C802.

SUPERVISOR: Ohio. For 34-bed medical and surgical floor in 100-bed hospital located in large city. Salary open. (Placement bureau charges \$2 registration fee.) Box C805.

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SUPERVISOR, OBSTETRICAL: Atlantic Coast. For unusually attractive opening in 200-bed hospital. Excellent facilities for outdoor recreation; convenient transportation to several large cities. Salary, \$115; maintenance. (Placement bureau charges \$2 registration fee.) Box C789.

SUPERVISOR, OBSTETRICAL: Texas. Opening in 150-bed general hospital. Salary increase for satisfactory service. (Placement bureau charges \$2 registration fee.) Box MB3-17.

SUPERVISOR, OPERATING ROOM: East. Applicant must be experienced in administration of large suite and active service. Present incumbent leaving for post-graduate studies in another specialty. Minimum salary, \$125; maintenance. (Placement bureau charges \$2 registration fee.) Box C792.

SUPERVISOR, OPERATING ROOM: Texas. Large general hospital with suite of five operating rooms, averaging 200-225 operations monthly. Salary, \$125; maintenance. (Placement bureau charges \$2 registration fee.) Box MB3-18.

SUPERVISOR, PEDIATRIC: Midwest. Department of 39 beds in 600-bed institution. Attractive salary; non-resident privileges. (Placement bureau charges \$2 registration fee.) Box MB3-19.

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MARCH—R.N.—1942

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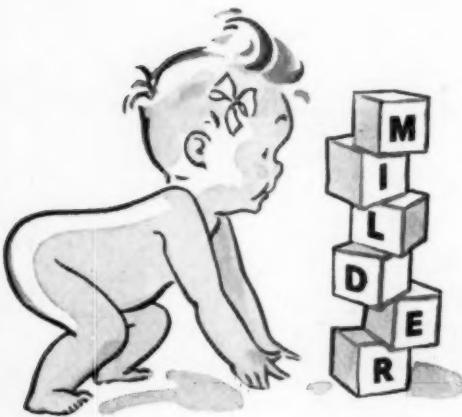
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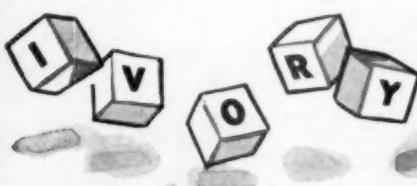
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